FOR STATE TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any it is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Divisi

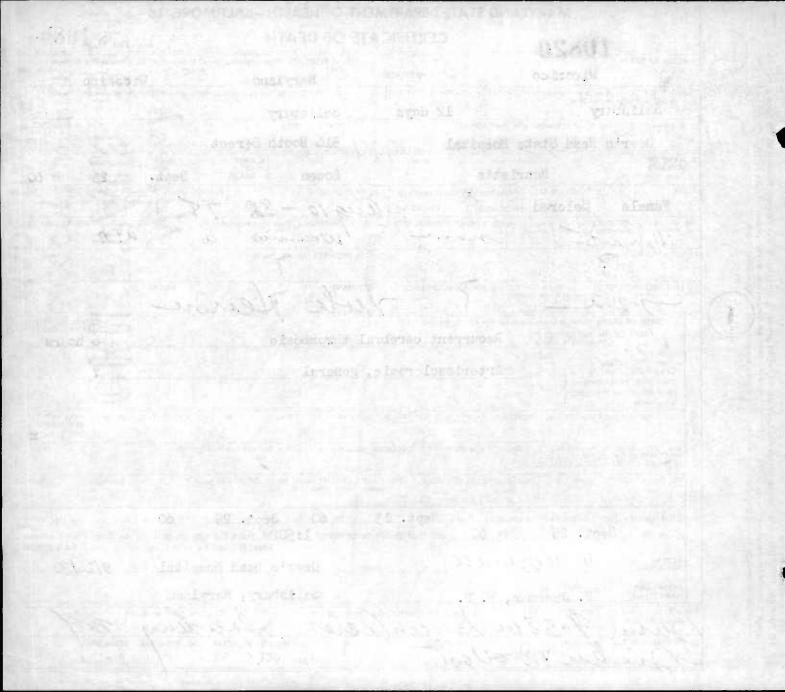
on of STATISTICAL RESEAR	ICH AND RECORDS, 301 W. PRESION SI	REEL, BALLIMORE I,	MARTLAND
1081 MEDICAL	EXAMINER'S CERTIFICATE	F DEATH	1089
DERTU	II 2 MOTHER DEGIDERAGE ()//L		D. 14 . L.

• 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	Wicomico MARYLAND	• STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Salisbury	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Salisbury
913	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
9	Pen Gen Hosp	705 E. Isabella St YES NO X
3	. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
	(Type or print) BENJAMIN FRANKLIN A	NDERSON, SR. DEATH Sept. 15 19 60
5	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White widowed Divorced J.	uly 2, 1895 65 yrs.
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
№ I —	Vaterman_&_Farmer	Bivalve, Maryland USA
- 17	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
14-	John H.Anderson	Ella Johnson
13		NFORMANT s. Raymond Grimes(Daughter)705 E. Isabel:
-	18. CAUSE OF DEATH [Enler only one cause per line for (e), (b), end (c).]	St. Salisbury, Maryland INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	onset AND DEATH
	DUE TO O A	A 75 0 + 0 -
	Conditions, if eny, which (b)	thenthe head onene 5 ye
	geve rise to immediate cause	0
	(e), stelling the underlying Cause lest.	
2		
J.L.V.		PERFORMED? YES NO T
MOLETINICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter neture of injury in Pert I or Pert II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLA: Hour e.m. While Not While fector p.m. 19 et work et work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection K, Inquiry A and in my opinion
4	death resulted from: Natural causes Accident , Suici	de, Homicide, Undetermined manner
1	1 To 1	CHIEF MEDICAL EXAMINER
S	ACTUAL SIGNATURE CONTRACTOR OF THE SIGNATURE CONTRACTOR OF	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S Dr. Earl L. Royer 407 Ca	DEPUTY MEDICAL EXAMINER M Sept 14 /1960 amd cadro Arion, cinSaliraboury, Maryland
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
-	Burial Sept.19/60 Bivalve Me	th. Church Cem. Bivalve, Maryland
		SEP 1 0 '60 0 4 0 4
1	OLLOWAY & COMPANY SALISBURY MARY	YLAND DATE

DOM: TALK TEN TENDESTE WHAT INCOME WHAT INCOME TO A CONTRACT OF THE CONTRACT O The arm the same of the same o W JABUR TONK DECIMAL BET DADE! E SE SE LEMANT, PET TEMANS a X (applies), leading the leading of with the section of the second The Contract of the Contract o The state of the s

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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have per death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	poge 3 should be detoched far use as the burial-transit permit. Then pleasevemave corbon popers. Pages 1 and 2 should be tiled with the registrar prior to buriol, cremotian, ar removol, and in ony event within 72 hours after death.	
15M 9/58		

1	0820	CERTIFICA	ATE OF DEAT	'H	Re	g. Dist. No.	10804
1. PLACE OF DEATH a. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (V a. STATE Mary		b. COUNTY	esidence befare	
b. CITY OR TOWN (If a RURAL and give near Salisbur		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		mits, write RURAL	and give near	est tawn)
d. NAME OF HOSPITAL	(If not in haspital, give street Head State Hos	address)	d STREET ADDRESS	h Street			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type ar print)	First He nri .ett	Middle	Bowen	4. DATE OF DEATH	Manth Sept.	Day 25	Year 19 60
5. SEX Female	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH	8.2 9. AG	E (In years IF U	NDER I YEAR I	F UNDER 24 HR Haurs Min.
10a. USUAL OCCUPATION during most of working		KIND OF BUSINESS OR INDU	STRY 11/BIRTHPLACE (State	-		2. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		Sec.	152
	N U. S. ARMED FORCES? 16. yes, give war or dates of service)	SOCIAL SECURITY NO.	NEORMANT -	Does	Address	Photo	- 53
Canditians, if any gave rise to improve to improve (a), stating the lying cause last.	DUE TO (b) Ar	e far (a), (b), and (c).] current cerebreteriosclerosis	1210	.s			NAL BETWEEN T AND DEATH hours
OF ACCIDENT WAS	UNDERLYING 20b. DESC	CONTRIBUTING TO DEATH BUT					PERFORMED? YES NO
OR CONTRIBUTING I	CAUSE OF DEATH	NJURY OCCURRED 20e. PL Nat while fac	ACE OF INJURY (Hame, factory, street, affice bldg., e	rm, 20f. (City ar tay		(Caunty)	(State
	v. Juerman. M	60 , and that death	occurred at 1:50		couses ond or ity ar tawn, state spital	n the dote	
22a. BORIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S	FATE THEREOF GO	22c. NAME OF CEMETERY O	REMATORY RELIEF	22d. LOGATION		ne	(State)
23. PUNERAL DIRECTOR'S	Bu Me	Jas P		OCT 4 '60	Z4b. REGISTRAN	S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	LUOZI				
	LACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institution: Resid- b. COUNTY,	1 1
	WICEmice	MAKILAND	maryhand	- 001	cester
- 1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	corporate limits, write RURAL and	d give nearest tawn)
7	al, sbull		focomons		
K	J. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION		d. STREET ADDRESS	23X	e. IS RESIDENCE ON A FARM? YES NO
_	ninsula yen	ei al	11/001 - 2		- 12 10
	NAME OF First PROCEASED Type or print)	Middle B/17	11N9 /16 /11/	ATH Septembe	Day Year 19 6-6
5. 5	6. COLOR OR RACE 7. MARR	ED DIVORCED	B. DATE OF BIRTH APPULL 16 109	9. AGE (In yeors IF UNDI lost birthdoy) Months	Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done 10b.		JSTRY 11. BIRTHPLACE (State or fare		ITIZEN OF WHAT COUNTRY
	during mast of warking life, even if retired)	Alroad	MARVI	and	USA.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	ISSAC Brittin	ghang	Harrie	TT PATEN	SON
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	No 7	16-03-1489	5. 1010 h	opper -Voce	moke In
	1B. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		IN CARRETI		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Dr WON HEAT	TN+PICCI II		1 W 2 Q IN DA
	DUE TO		F.O. 0		
	Conditions, if any, which (b)	OF WAN BLO	1 EMBORNS		1 MS TIBRET
	gove rise to immediate couse (o), stating the under-		D		1 1
	lying couse last.	THORATED	PEPIJE D	LCER	14 PAYS
NO O	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY PERFORMED?
S					YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Port I o	r Part II of item 18.}	
MEDICAL		NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f.	(City or town)	(County) (State
ED	Hour a.m. While al wor	TAGE MILLS	octory, street, office bldg., etc.)		
2					
	21. I certify that (I) (this haspital) attend			ta, 19.	
	saw the deceased alive an	19 , and that	death accurred at MM, fi	rom the causes and an t	
	It. Fray Kie	or uns	M.D. ATTENDING MED. DIRECTO	STAFF PHYS.	22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS Mide eal	center: So	bolow . M
230	BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	OCATION ICIN INVESTIGATION	
-	BEMOVAL (Specify) 9-18-60	St. JAM	PS 236.	OCATION (City, town, or county	Md (Stote)
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	, 250. REC'D BY R	EGISTRAR 256. REGISTRAR'S	SIGNATURE
	Zura whaten	- new Chus	ch, Cardate SEP 1	9 '60 arthur 2	P. Hours

er death. Page 4 may be revained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Baard at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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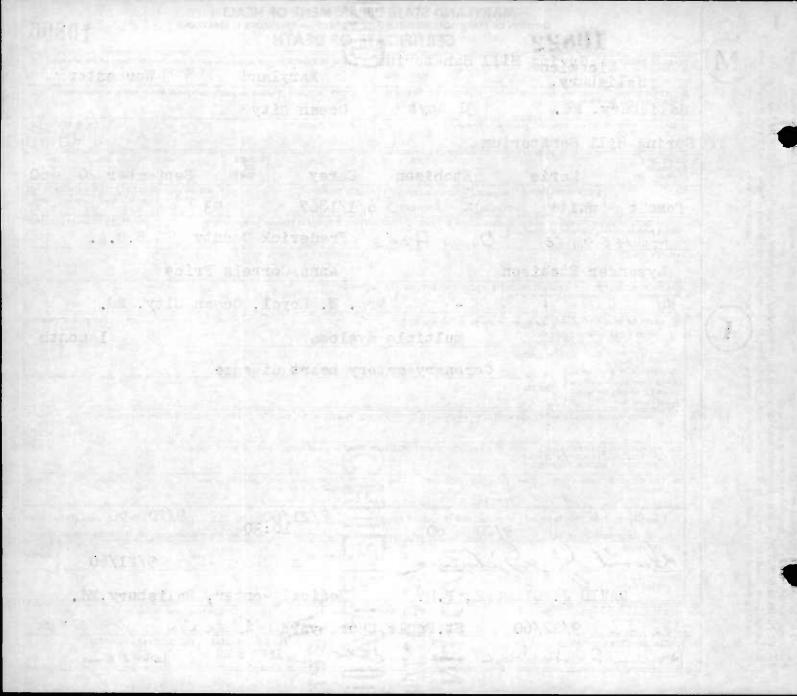
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director, iled with	
tely filled in by the funeral director, Pages 1 and 2 shauld be filed with er death.	
and 2 and 2	
Poges Poges er death.	

er death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and comple page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, the State Board of Health prior to burial, cremotion, or remaval, and interpret, within 72 haurs after Then please remave carbon papers. and in any event, within 72 haurs after

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haur TO HOSPITAL VR A1S (4) 1SM 9/S9

1.	PLACE OF DEATH W o. COUNTY Sali	icomicos E	ill	Sanatori		2. USUAL RESIDENCE (V	Where decease	ed lived. If inst b. COU		e before odn	nission)
	b. CITY OR TOWN (IF RURAL and give ne Salis bur	outside corporate limits, arest town)	write c.	LENGTH OF STAY IN	16	c. CITY OR TOWN (I		orate limits, wr	ite RURAL and g	ive nearest to	own)
	d. NAME OF HOSPITA	At /If not in basnital give		dress)		d. STREET ADDRESS		2	XX-	10	ESIDENCE A FARM?
=		11 Sanator	lum							YES	□ NO □
	NAME OF DECEASED (Type or print)	Marie		Etchison		Carey	4. DATE OF DEATH	Se	Month ptembe	r 20	Year 1960
S. 5	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In ye	ears IF UNDER	YEAR IF UN	
	female	1	IDOWED [1 1		9. AGE (In ye	yrs. Manths	Days Hau	rs Min.
100	during mast af wark	ON (Give kind of work dan ing life, even if retired) SVIFE	e 10b. KIN	1)	INDUSTI	Frederi			U.S		T COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Lysand	er Etchiso	n			Anna C	orrel	a Pric	e		•
15. (Ye		R IN U. S. ARMED FORCES		CIAL SECURITY NO.		DRMANT			Address		
	No			-	Mr	s. W. Roy	al, 0	cean C	ity, M	d.	
	1B. CAUSE OF DEA	TH [Enter anly one cause	per line f	far (a), (b), and (c).]		ALC: NO.	Marco)	PACE I		INTERVAL ONSET AN	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		multipl	e m	yeloma					nth
	003	DUE TO						N. Te.			
	Canditians, if ar	ny, which) (b)_	Co	ronary a	rte	ry heart	disea	se			
	gave rise to in	nmediate (
	cause (a), stating t lying cause last.	(c)_								1 120	
Z	PART II. OTH	ER SIGNIFICANT CONDIT	IONS CON	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	RMINAL DISEA	SE CONDITION	GIVEN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
CATI											NO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING	S UNDERLYING [] 20 [] CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRI	BE HOW INJURY OCC	URRED.	(Enter nature of injury	in Part I ar Pa	rt II af item 18	.)		
MEDICAL	20c, TIME OF INJURY Haur a.m. p. m.	10	20d. INJU While at wark [Nat while at wark		E OF INJURY (Hame, for ry, street, affice bldg., o		y ar tawn)	(C	aunty)	(State)
	21. I certify that	t (I) (this haspital) o	attended	the deceased fr	am	8/21/	60ta	9	/20, 196	0, that (1) (we) last
	saw the deceas	ed alive an	9/20	19 60 and th	hat de	ath accurred at	O M Fram				
4	22a. SIGNATURE	1) 2	il	mare	м.	ATTENDING	MED.	STAFF	9/21		226. DATE SIGNED
3	22c. PHYSICIAN'S NAME (Type)	1				22d. ADDRESS					
	DA	VID J. GIL	MORE	, M.D.		Medical	Cent	er, Sa	lishur	y, Md.	
230	BURIAL, CREMATION REMOVAL (Specify)	9/22/60	2	St. Paul		crematory hurchyard	10	ERLI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(5)	rate)
24.	FUNERAL DIRECTOR'S	SSIGNATURE		ADDRESS		25g. RF	SEP 26	TRAR 256.	REGISTRAR'S SIG		
L	Anna	14. Buch		1 secu		DATE	whi h v		allhur S.	Thomas	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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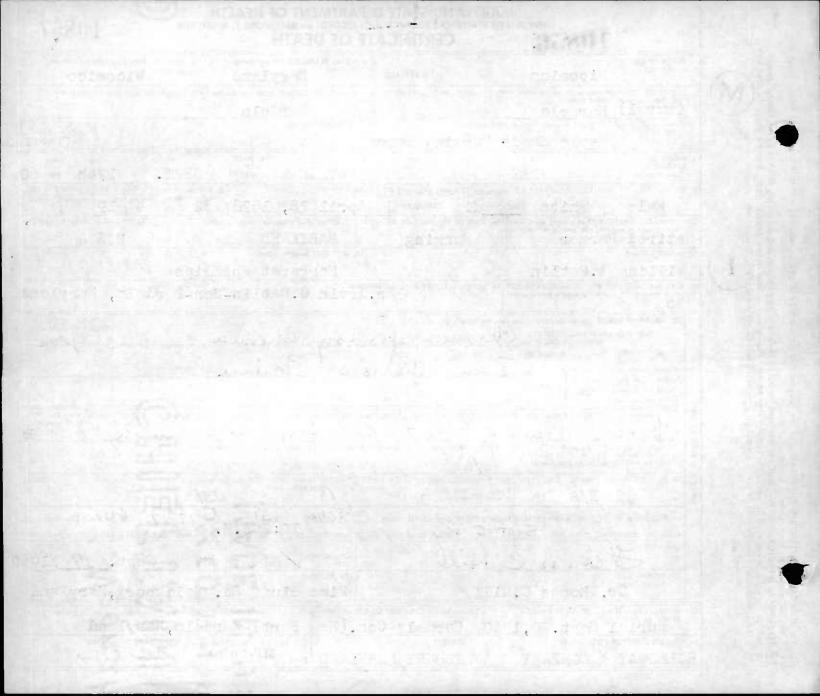
er death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Baard of Health prior to burial, crematian, ar removal, and in any event within 72 haurs after death. by the haspital ar attending physician.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau TO HOSPITA VR A15 (4) 1SM 9/59

SALISBURY MARYLAND DATE

1085		CERTIFIC	ATE OF DEATH	1	TEATED .	100	301
1. PLACE OF DEATH o. COUNTY Wicomi		MARYLAN	2. USUAL RESIDENCE (W	vhere deceased live		sidence before ad	
b. CITY OR TOWN (If outside corpora (RURAL ond give nearest town) (Bural) Mardel		NGTH OF STAY IN 1	1	outside corporote	limits, write RURAL	ond give nearest (lown)
d. NAME OF HOSPITAL (If not in hosping in the control of the contr	oitol, give street oddress Shade Nur		d. STREET ADDRESS			0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First GLEN	Middle	CATLIN	4. DATE OF DEATH	Month SEPT.	Doy 17th	Year 19 60
5. SEX Male 6. COLOR OR White	RACE 7. MARRIED WIDOWED M	NEVER MARRIED	B. DATE OF BIRTH April 28,	1878	GE (In years ast birlhdoy) Mag	This Days Ho	7
100. USUAL OCCUPATION (Give kind of during most of working life, even if Retired Farmer	retired)	of Business or in arming	DUSTRY 11. BIRTHPLACE (Stor		y) 1:	US A	AT COUNTRY?
13. FATHER'S NAME William A. Catl	in		14. MOTHER'S MAIDEN Margar	et Phil:	lips		
15. WAS DECEASED EVER IN U. S. ARME (Yes, no, or unknown) (If yes, give war or d	D FORCES? 16. SOCIA	L SECURITY NO.	r Irvin G.C	atlin-So	on-Marde	ela, Mar	ryland
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	USE (0) WOOD UE TO (b) Bone UE TO (c)	uc Ref	row Je	remia			las
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF DIFF	20b. DESCRIBE H	troot	BUT NOT RELATED TO THE TERM RRED. (Enter noture of injury in	, with	uem	PE	AS AUTOPSY REFORMED?
20c. TIME OF INJURY Month, Do Hour o. m. N/A		OCCURRED 20e.	PLACE OF INJURY (Home, for foctory, street, office bldg., e	itc.) !	own) N/A	(County)	(Stote)
21. I certify that (I) (this has saw the deceased alive an 220. SIGNATURE)			at death accurred at 0	/	causes and a	19 <u>6</u> 9 that (In the date sta	, ,
22c. PHYSICIAN'S NAME (Type) P. Thoma			Pine Bl	uff Rd.	Salisbu	ıry,Mar	
	20,1960		Cem. (New Pa	rt) Marc	(City, town, or condella, Mar	ryland	Stote)
24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMP.		ISBURY M	IARYLAND DATE	SEP 2 0 '60		R'S SIGNATURE WT S, KLAUA	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

10808

1. PLACE OF DEATH O. COUNTY WICOMICO B. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b B. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY OR TOWN (If outside corporate limits, write RURAL and gix Salisbury C. CITY	1				
A. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ROUTE # 1. 3. NAME OF DECEASED (Type or print) S. SEX (a. COLOR OR RACE White Widowed Divorced Divorced Divorced Divorced Divorced Divorced Divorcester Co. Md. 12. CITIZI Builder. 13. FATHER'S NAME William Colona 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yea, give war or dates of service) DIVORCED 18. CAUSE OF DEATH [Enter only one couse per line for (9), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate cause (b), storing the under: Loss of the mediate cause (c), storing the under: Loss of the mediate cause (c), storing the under: DUE TO Conditions, if ony, which gave rise to immediate cause (c), storing the under: Loss of the under: Loss of the mediate cause (c), storing the under: DUE TO Conditions, if ony, which gave rise to immediate cause (c), storing the under: Loss of the under: Loss of the mediate cause (c), storing the under: DUE TO Conditions, if ony, which gave rise to immediate cause (c), storing the under: Loss of the unde)				
Route # 1. 3. NAME OF DECEASED PORT Henry Edward Colona A. DATE OF DECEASED PORT Sept. 9.t 5. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Feb. 28.1874. P. AGE (in years lost birthday) Martin Maile White WIDOWED DIVORCED Feb. 28.1874. P. AGE (in years lost birthday) Martin					
DECEASED Clype or print) Henry Edward Colona Geath Sept. 9.t					
Male White WIDOWED DIVORCED Feb. 28.1874. 1086/2013 1086/2013					
Retired Carpenter Builder. Worcester Co. Md. U. 3. FATHER'S NAME					
William Colona Is. WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give war or dates of service) Is. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying couse lost. (c)	1				
Route #I Salisbury, Maryland. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoting the under- lying couse lost. (c)					
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 20c. TIME OF INJURY (Hame, farm, 20f. (City or town) foctory, street, office bldg., etc.) 40 40 40 40 40 40 40 40 40 4					
21. I certify that (I) (this haspital) attended the deceased fram. 1-25 1997, ta 9-9 1966, and that death accurred at 17 MM, fram the causes and an the 22a. SIGNATURE) ATTENDING MED. STAFF					
ATTENDING MED. STAFF DIRECTOR STAFF PHYS. CALL PHYS. STAFF DIRECTOR PHYS. CALL PHYS. STAFF DIRECTOR PHYS. CALL	1				
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Shad Point. Mar					
24. Funeral director's signature Address Holloway & Co. Salisbury, Maryland. 250. Rec'd by Registrar 2	0				

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauzer of death. Page 4 by the haspital or attending physician.

TO HOSPITAL may be retained VR AT

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MARYLAND

Queen Anne's

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE h. COLINTY

Maryland

b. COUNTY

1. PLACE OF DEATH o. COUNTY

er death. Page

10823

Wicomico

TO HOSPITAL

MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health priar to burial, cremation, ar remaval, and ip gaz, event, within 72 haurs after death.

VR A15 (4) 1SM 9/59

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	(. NAME OF HOSPITA	alisbury AL (If not in hospital, g	ive street o	1Yr.2Mos.3Da	d. STREET AD		TITE			. IS RESIDENCE
1		OR INSTITUTION D	eer's Head	Stat	e Hospital		Route 1	Box 5	7		ON A FARM? YES NO X
		NAME OF DECEASED	Fir	rst	Middle	Last	4. DA		Month	Day	Year
н	(Type or print)		ttie	Loleta	Coop	er DE	ATH	Septemb	er 30	19 60
	5. S	EX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (III			Hours Min.
П		Female	Negro	WIDOWE	D DIVORCED	Sept. 2	2, 1892	68		15 Doys	Hours Min.
	10a.	. USUAL OCCUPATIO during most of work	N (Give kind of working life, even if retired	dane 10b. I	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA	CE (Stote or forei	gn country)	12.	CITIZEN OF V	WHAT COUNTRY?
		None			None		Maryland			U. S.	A.
	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
		John	H. William	S			Sarah Wil	lsen			
	15.	WAS DECEASED EVER		CES? 16. 5	SOCIAL SECURITY NO. 17	. INFORMANT			Address	1+4-	To California
1	(10)	, no, or unknown;	r yes, give war or dates or s	21	19-03-7530	Hosp:	ital Rec	ords	Salisb	ury, M	laryland
		18. CAUSE OF DEA	TH [Enter only one co	use per lin	for (a), (b), and (c).]	-	70	1	r		EVAL BETWEEN
/		PART I. DEAT	TH WAS CAUSED BY:	. (sind	Kel 17	Trion	1/100	in	ONSE	TAND DEATH
		450	DUE TO	//	0	1/1/	7 -1	000	1		
		Conditions, if or	v. which)	. 11	mesal.	1.1 (1	2 /000	in Ac	- les	un /	aus
		gove rise to in	nmediote (1		gea or	-coo.	0/-			J 4/2
		couse (a), stating t	ne <u>under-</u>		0						
51	Z		ER SIGNIFICANT CON	-	ONTRIBUTING TO DEATH E	BULNOT RELATED TO	THE TERMINAL DIS	EASE CONDIT	ON GIVEN IN	PART 1(a) 19	. WAS AUTOPSY
	CERTIFICATION		20	111	0,0-1	niel:	1				PERFORMED?
7	TFIC	20a. ACCIDENT WA	S UNDERLYING []	20b. DESC	RIBE HOW INJURY OCCUP	RED. (Enter nature of	injury in Part 1 or	Port II of item	18.)		TO LA TO L
3	CERT	OR CONTRIBUTING	CAUSE OF DEATH								
-			Month, Doy, Ye	or 20d IN	JURY OCCURRED 20e.	PLACE OF INJURY (H	ome form 20f	(City or town)		(County)	(Stote)
	MEDICAL	Haur o. m.		While	_ Nat while	foctory, street, office		(City of lowil)		(County)	(31016)
	W	p. m.	19		of work						
		21. I certify that	(I) (this haspita	l) attend	ed the deceased fram	n_7/28/	12.59	$10_{-9/30}$	/, 19	9_60, tha	at (I) (we) last
		saw the deceas		/30/	1960 , and tha		at6:PM, fr	am the cau	ses and an	the date	stated abave.
		22a. SIGNATURE	7 4				55				22b. DATE SIGNED
		1	We of	d	aury	M.D. PHYS.	DIRECTOR	STAFF PHYS.			JIGINED
		22c. PHYSICIAN'S NAME (Type)				22d. ADDRE	SS			Harv	
		TTANE (Type)	Lee Lawry	, M.D			Salisbu	ry, Mar	yland		
	230	BURIAL, CREMATIO	N, 23b. DATE THEREC	OF.	23c. NAME OF CEMETER	OR CREMATORY	23d. LC	OCATION (City	, town, or coun	ity)	(Stote)
	4	REMOVAL (Specify)	16/4	60	Hearn	willo. C	en !	Iron	onwil	Ela.	md.
1	24	FUNERAL DIRECTOR'S	SIGNATURE	1.	ADDRESS		So. REC'D BY RE	GISTRAR 25	b. REGISTRAR'S	SIGNATURE	E
50	4	ames to	3. Marsa	ull	6 ante	n Amb	OCT 3	'60	Trilling &	8. France	
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TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 108.58 CERTIFICATE OF DEATH

10810

a. COUNTY Wicomi	co		MARYLAND	II O STATE	daryland		If institution. COUNTY	n: Residence		nissian)
b. CITY OR TOWN (If outs RURAL and give nearest Rural Marde	ide corporote limits tawn) 1a Spring	write c. LENGTH	of STAY IN 16		TOWN (If outside	e carporote lin			e nearest to	lwn)
d. NAME OF HOSPITAL (IF OR INSTITUTION				d. STREET					ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	First Emma.	Flor	Middle rence	Dash		DATE OF DEATH Se	Mon		Day 28	Yeor 19 60
S. SEX 6. 0		MARRIED NEVE		B. DATE OF BIRT		lost	birthday)	IF UNDER 1	YEAR IF UN	
	MORTO		DIVORCED [7,1900	60	yrs.			
10a. USUAL OCCUPATION (G during most of working li Housework	ive kind of work do fe, even if retired)	Home			ACE (State or fo	reign cauntry)			S.A.	T COUNTRY?
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME					
Issac Walle	r			Ole	via Hull					
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes,	U. S. ARMED FORC give war or dates of ser	16. SOCIAL SECT (ice) 219-07-	7773	John W.	Dashiell	. RFI	Addr Mard	ela S	pring	S
Canditions, if any, v gave rise to immer couse (o), stoting the <u>u</u> lying couse last.	diote (OUT Z	oting of	- 6	Ja	Tiers	l da	4		
ICATIC		Ob. DESCRIBE HOW	10110					EN IN PART 1	(o) 19. WA PER YES	FORMED?
	AUSE OF DEATH	DESCRIBE HOW	IIIJOKI OCCOKKI	D. (Enter notore	ar injury in roll i	TOT FOIL IT OF	rent 15.)			
20c. TIME OF INJURY M Haur o. m. p. m.	lonth, Day, Year 19	20d. INJURY OCCU While Not wh at wark at work	hile fo	ACE OF INJURY actory, street, affic		Of, (City ar taw	rn)	(Ca	unty)	(State
21. I certify that (1) saw the deceased of				death accurre						,
22a. SIGNATURE	Fred	C Que	ery	M.D. ATTENDIN PHYS.	IG MED.	STA	FF _ C	ept.		22b. DATE SIGNED
NAME (Type)	red C.	Quinn			rdela Sp	rings,	Maryl	and		
23a. BURIAL, CREMATION, 2		960 1000	E OF CEMETERY C		- W.	LOCATION (Coun	ty, Ma	rylan	tote)
J. J. Framp		7.00.10		lsburg	250. REC'D BY	registrar '60		TRAR'S SIGN		

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TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or death. Page 4	AS moy be retained by the hospital or attending physicion.	AL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director,	Se page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be Med with	the State Board of Health prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.	
S TO HOSPITAL	moy be retai	TO FUNERAL I	poge 3 shoul	the Stote Boo	
15	M	9/5	9		

111894 CERTII	FICA	IE OF DEATH
1. PLACE OF DEATH o. COUNTY		USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY
WICOMICO	YLAND	maryhand Wicomico
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY	Y IN 16	c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest town)
RURAL and give negrest town)		latistury 12
d. NAME OF HOSPITAL (If nat in hospitol, give street oddress) OR INSTITUTION		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Peninsula General		106 Newyork Ave YES NO
3. NAME OF First Middle DECEASED (Type or print) HARRY LEE	Dis.	haroon 4. DATE Month Day Year DEATH Le of teme her 2/ 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR	IED T	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
make white WIDOWED DIVORCE		NOV. 26, 1886 lost birthday) Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS (during most of warking life, even if retired)	OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR'
Retired Bldg. and Contractor		Fruitland, Maryland USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
John Sidney Disharoon		Mary A. Mason
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, give wor or dates of service)	o. J. in Mr	s.Cora E.Disharoon(Wife)106 New York Ave. Salisbury.Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)).]	INTERVAL RETWEEN
PART I. DEATH WAS CAUSED BY:		Orchesian 3 days
IMMEDIATE CAUSE (o)	uy (Caramondo de la como d
420. DUE TO	/	
Conditions, if ony, which) (b)		
gave rise to immediate DUE TO		
lying cause lost.		
, (6)	FATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
O FAMILI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BOT	PERFORMED? YES NO [
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED	D. (Enter noture of injury in Part I or Port II of item 18.)
S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Stot
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark of ot work	foc	ctory, street, office bldg., etc.)
	d 6	0/18/10 10 10 9/21/10/10 that 11/10/10
21. I certify that (I) (this haspital) attended the deceased saw the deceased alive an 1/2/// 19, and		death accurred at 1.1 M, from the causes and an the date stated above
22a. SIGNATURE		22b. DATE
7,11, Grame	A	M.D. PHYS. MED. STAFF Sept. 23/1960
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS
Dr. Fred R. Gramse		S. Bivison St. Salisbury, Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEA	METERY OF	R CREMATORY 23d. LOCATION (City, town, ar county) (State)
REMOVAL (Specify) Sept. 23, 1960 Parsons	s Cer	metery Salisbury, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY	Y MAI	RYLAND DATE SEP 2 2 '60 Chilmy S. Kraus

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10812

6 I	-											
-	1. F	PLACE OF DEATH o. COUNTY Wicomi	LCO	MARYLANI		USUAL RESIDENCE (Wo. STATE Mary)		d lived. If ins b. COU	NITY -	ence befo		ion)
1	t	b. CITY OR TOWN (If autside of RURAL and give nearest town Salisbury		c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (IF		rote limits, wr	ite RURAL and	d give ne	arest town)
	1	d. NAME OF HOSPITAL (If not	in hospitol, give stree			d. STREET ADDRESS e. 15 RESIDENCE						DENCE
		Deer's Hea	ad State H	ospital		RFD # 3	3		0.5%			NO-
	(NAME OF DECEASED (Type or print)	First Ada	Middle	Go	lost ottwals	4. DATE OF DEATH	S	Month eptemb	er	_	Year 19 60
U	5. 9	SEX 6. COLO	OR OR RACE 7. MA	RRIED A NEVER MARRIED		ATE OF BIRTH		9. AGE (to v	eors IF UNDI		IF UNDE	
			nite widow	WED DIVORCED		4-22-189	0	70	yrs. Months	Days	Hours	Min.
1	10a	. USUAL OCCUPATION (Give during most of warking life, e HOUSEWITE	kind of wark dane 101 even if retired)	None None	DUSTRY	Maryla:		ountry)	U.S.A.			OUNTRY?
N	13.	FATHER'S NAME		14	MOTHER'S MAIDEN	NAME	Santa Santa				1.11	
1		Joh	n A Hast	son	-10	Mary	Eliza	heth	Thoma	g		
	15. (Yes	WAS DECEASED EVER IN U. S.		6. SOCIAL SECURITY NO. 17	, INFOR	MANT			Address			001
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	No or unknown) (If yes, give	war or oares ar survice,	None	Chr	ristial G	ottwa	ls De	nton,	Mai	ryla	nd
		18. CAUSE OF DEATH [Enter	CAUSED BY:							INT	ERVAL BE	DEATH
		IMMEDIA	ATE CAUSE (o)	Broncho pne	cumoi	ша					1 day	
		TUA	DUE TO									
	Conditions, if any, which gove rise to immediate DUE TO											
		couse (o), stoting the <u>under</u> lying cause lost.	E DOE TO									
										ART 1(o)	9. WAS	AUTOPSY
	ATIC	Volvulus of colon PERFORMED? YES NO										
	CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	ESCRIBE HOW INJURY OCCUI	RRED. (E	nter nature af injury in	Port I or Por	t II of item 18	.)			
		20c. TIME OF INJURY Month	, Doy, Year 20d.	INJURY OCCURRED 20e.		OF INJURY (Hame, far		or town)		(County)		(Stote)
	MEDICAL	Hour o.m. p.m.	19 Whit at w		tactory,	, street, office bldg., et	c.)					
		21. I certify that (I) (th	is haspital) atter	nded the deceased fra	m Ma	rch 17 19	60 ta S	Sept. 1	19	60, th	nat (I) (we) last
		saw the deceased aliv			t deat	h accurred at	M, from	the causes	and an t	he date	stated	abave.
- 68		22a. SIGNATURE	111.1								221	SIGNED
		3	1 mil		M.D.	PHYS.	AED.	STAFF PHYS.	21.00		9/	1/60
1		22c. PHYSICIAN'S NAME (Type)	. V. Maldv	re, M. D.		Deer's Hea	ad Hosp	oital;	Salisb	ury,	Md.	
	23a		DATE THEREOF	23c. NAME OF CEMETER	Y OR CR	EMATORY	23d. LOCA	TION (City, to	wn, or county)	(Stote	e)
		REMOVAL (Specify) Burial	-4-60	Greenst	orc		Gr	eensb	oro.	Mar	ylan	d
	24	FUNERAL DIRECTOR'S SIGNAT	URE QD	ADDRESS	3	25a. REC	D BY REGIST	RAR 25b.	REGISTRAR'S			
	Y	.6. Douls	es stre	enstroro.	n	nd. DATE	SEP 6	'60	Chilm	1 8. 70	and a	
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L. H. COMMAN			C. Bernell		
And the built					1

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10813

e. IS RESIDENCE ON A FARM?

YES NO TO

Year

1960

Reg. Dist. No

Day

18

Doys

Months

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

during most of working life, even if retired) Hotel	owner	Norway Norway		12. CIII	U.S.A.
FATHER'S NAME		14. MOTHER'S M	AIDEN NAME	VIA HOLLS	
Andrew A. Hagan		Anne	Mary Olson		
WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFORMANT		Address	
no	214-10-9476	Louella	C. Hagan, same	3	
1B. CAUSE OF DEATH [Enter only one couse p	per lime for (a), (b), and (c).]	0/000	0 11 6	1.11.	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	MUSQU	a Orr	reary of	cellese	ONSET AND DEATH
42 0 DUE TO	7		100		
Conditions, if ony, which) (b)			1		
gove rise to immediate			V		
lying couse lost.					
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HETERMINAL DISEASE CON	IDITION GIVEN IN PAR	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	URRED. (Enter noture of i	njury in Port I or Port II of	item 18.)	
Hour o.m.	Od. INJURY OCCURRED 20. /hite Not while work ot work	e. PLACE OF INJURY (Ho foctory, street, office b		wn) (0	County) (State)
21. I certify that I attended the decative an	- ///)	27, 1960	1100		st saw the deceased above.
2/1/	dig mar de	ann accorred al	ADDRESS (Speet, s		DATE SIGNED
ACTUAL SIGNATURE	Bille	MD MW	descell (inter	9.19.45
PHYSICIAN'S H. H. TS	riele		Palislie	W	mel.
Burial, CREMATION, 22b. DATE THEREOF 8/20/1960	22c. NAME OF CEMETE Wicomico 1		22d. LOCATION (City fown, or county)	Maryland
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2	a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	SNATURE
Hill & Johnson Co.	Salisbury	D	ATE SEP 2 1 '60	0.11	0 4
thanklin Byle	es gr.				

TO HOSPITAL VS A1S (4) 1SM 9/SB

the registrar

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VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10814

	,	1000	200	CERTIF	ICAIL	OF DEATI	H			7 7 7 1
1	, o. COL	OF DEATH	0	MARY	LAND 2.	USUAL RESIDENCE ()	. 4	COUNTY	sidence befor	
	b. CITY RUR/	OR TOWN (If outside AL and give nearest tow	corporate limits, write	c. LENGTH OF STAY	IN 1b		f outside corporate lim	nits, write RURAL	and give nea	rest town)
1	d. NAA	AE OF HOSPITAL (IF ASTITUTION	in hospital, give stree	oddress)	+01	d. STREET ADDRESS		232	F9	ON A FARM?
	3. NAME DECEA	OF SED	First	Middle	11-	Lost	4. DATE OF DEATH	Month	Day	
	S. SEX	11101	- 1	RIED NEVER MARRI		ATE OF BIRTH	9. AG	E (In years IF UN birthdoy) Mon	-	IF UNDER 24 HRS. Hours Min.
1	10a. USUA	AL OCCUPATION (Give g nost of working life, o	kind of work done 10b			11. BIRTHPLACE (Sto	ite or foreign country)	0	CITIZEN OF	WHAT COUNTRY?
	13. FATHE				1.	4. MOTHER'S MAIDEN	I NAME ILO	elan	2	
	15. WAS E	DECEASED EVER IN U. S unknown) (If yes, give	ARMED FORCES? 16 war or dates of service)	. SOCIAL SECURITY NO	. 17. INFO	inford	L Jun	Address	_ Se	ebyvill,
	18. C	PART I. DEATH WAS		ine for (o), (b), and (c). ABDIAC		OMPEN	SATION			RVAL BETWEEN
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		IME OF INJURY Month Hour o. m. p. m.	While	INJURY OCCURRED Not while ork of work	20e. PLACE foctory	OF INJURY (Home, fo , street, office bldg., o	etc.) 20f. (City or tow	(n)	(County)	(State)
		certify that (I) (the	1.12			h accurred at /	19 60, ta 9/ 3M, fram the c			at (I) (we) last
		SIGNATURE M.	Bloke	m	M.D.	ATTENDING	MED STA	1		22b. DATE SIGNED
		AYSICIAN'S NAME (Type) a/O/4///	BLOX	on III		22d. ADDRESS MEDICIA SALISA	BUCKY M	TEA		
		AL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEM	Duch	REMATORY	23d. LOCATION (lity town, or cou	nty)	(State)
	24. FUNER	eal director's signatury H.	Watsor	ADDRESS	whel	ty MI DATE	SEP 1 3 '60	25b. REGISTRAR	S SIGNATUR	

A STATE OF THE PARTY OF THE PAR The state of the s and the state of the second state of the second state of the second seco please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as e burial-transit permit, Alie pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15 1085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, ff institution: Residence before admission) STATE Maryland **OUNTY** Wicomico** MARYLAND **OUNTY** Wicomico**

A b. CITY OR TOWN If earlies component limits, write RURAL and give nearest lown) A b. CITY OR TOWN If earlies component limits, write RURAL and give nearest lown) Delmar d. NAME OF HOSPITAL OR INSTITUTION If not in hospital, give street eddress) 205 Pine St. Middle Last ANAME OF HOSPITAL OR RISTITUTION If not in hospital, give street eddress) 205 Pine St. Middle Last ADRTE Month DELMARY None DECKARD White White White White White White Whow I bound of Mark Addition None of RACE (7, MARKED) None None		e. COUNTY	a. STATE NO.	T 3	b. COUNTY TATE	
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Constitution Chemistry C	â		Lesi		Month	Dey Year
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14. MOTHER'S MAME	1		Delmar.	Maryland	d U	SA
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death resulted from: Matural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER Maryland Sept Maryland	i		- Company			
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23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			t Cemetery	Delma	r.Delaware	
HOLLOWAY & COMPANY SALISBURY, MARYLAND DATE SEP 15 '60 Coulon & Him						
		HOLLOWAY & COMPANY SALISBURY, MAR	YLAND DATE S	EP 15 '60	arthur 8.	Krina

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10860

CERTIFICATE OF DEATH

10816 Reg. Dist. No.

	. PLACE OF DEATH a. COUNTY Wice	mico	8	MARYLAND	2. USUAL RESIDENCE a. STATE		b. CO	UNTY	n: Residenc	e befare ad	lmissian)
3	RURAL and give ne Marc d. NAME OF HOSPITA OR INSTITUTION		ive street address)	OF STAY IN 16	d. STREET ADDRES	s s	orate limits, v	vrite RU	RAL and g	e. IS	RESIDENCE
3	NAME OF DECEASED (Type or print)	Fir		Middle	Lost	4. DATE OF DEATH		Month	1	Day	Year 1960
s	S. SEX Female		7. MARRIED NEV		B. DATE OF BIRTH 4-1-1880		9. AGE (In last birth	years			INDER 24 HRS
1	Oa. USUAL OCCUPATIO	ing life, even if retired	Own Ho		Maryland 14. Mother's Maid	EN NAME	20.0			S.A.	AT COUNTRY
	S. WAS DECEASED EVER		CES? 16. SOCIAL SEC		Anna Virgi Informant Ir. Alan Ins			Addre			
		nmediate (arter	bereal (c).]	Viras	1				ONSET	L BETWEEN
NOITACI	<u> </u>	er significant con	DITIONS CONTRIBUTION		T NOT RELATED TO THE TI				N IN PART	PE	AS AUTOPSY ERFORMED?
MEDICAL CERTIF	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Manth, Day, Yee		URRED 20e. P	ED. (Enter nature of injury LACE OF INJURY (Hame, actory, street, office bldg.,	farm, 20f. (Cit		8.)	(C	aunty)	(State
	actual SIGNATURE	of Lotjended the	hhu au	1	h occurred ag: 30 M.D. Sharptov Sharptown, 1	ADDRESS (S	the cause Street, city ar	es and	d on the	date sta	DATE SIGNE
2	20. BURIAL, CREMATION REMOVAL (Specify) Buriall			OF CEMETERY		22d. LOCA	ATION (City,				(State)
23	3. FUNERAL DIRECTOR'S	SIGNATURE CO.	Salisbury,			SEP 1 3			TRAR'S SIG		

TO HOSPITAL VS A1S (4) 1SM 9/58

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STICAL	RESEARCH	AND REC	CORDS —	BALTIMOR	E 1, MARYLA
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10828	CERTIFICA	TE OF DEATH		10020
1. PLACE OF DEATH OCCUMITY OCCUMITY	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	deceased lived. If institutions b. COUNTY	
RURAL and give nearest town)	LENGTH OF STAY IN 16		de corporote limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If mat in hospital, give street od OR INSTITUTION Peningula de LA Leneral	dress) Nospital	d. STREET ADDRESS 213 N. Ba	Ltimors 33	e. IS RESIDENCE ON A FARM? YES NO NO
	Middle CILGHMAN	ackson 4.	DATE Month OF DEATH Septem	ber 9- 1960
5. SEX 6. COLOR OR RACE 7. MARRIET WIDOWED	DIVORCED	8. DATE OF BIRTH July 22,1867	lest 3 irthdoy) yrs.	UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
	ND OF BUSINESS OR INDUS	Maryland		U.S.A.
Capt. Lambert W. Jackso		Margaret A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) (If yes, give wor or dates of service)		Ars. Ralph Denn:	is, Ocean City	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which	for (o), (b), and (c).] Vonety a Covariati	Entery Hear	A Seses	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under: lying couse lost. (c)	0			
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	19. WAS AUTOPSY PERFORMED? YES NO
	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. While of work [Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote
21. I certify that (I) (this hospital) attended sow the deceased alive or		.615		an the dote stoted above.
220.8 GMATURE Selware		M.D. ATTENDING MED. DIREC	TOR PHYS.	7 - 9 - 196 SIGNED

Pine Bluff Rd., Salisbury, M ryland

(Stote)

10817

David Gilmere 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Burial 9-13-60
24. FUNERAL DIRECTOR'S SIGNATURE

Parsons Cemetery
ADDRESS

Salisbury, Maryland

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR

& Johnson Co. Salisbury, Maryland

DASEP 1 4 '60

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 2 hours ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

death. Page 4

TO HOSPITAL VR A15 (4) 15M 9/59

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1	PLACE OF DEATH WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico						
	b. CITY OR TOWN (If outside corporate limits, write RURAL of STAY IN 16 RURAL of STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury						
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 110 Fooks Street.	d. STREET ADDRESS 110 FOOKS Street o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)						
3	NAME OF DECEASED (Type or print) Edgar Durand	Jenkins 4. DATE Sept. 10. Day Year 60.						
S	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH, Aug. 24, 1878. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.						
1	od. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- difference for the fire of the contract of the con	11. BIRTHPLACE (Stote or foreign country) Worcester Co. Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.						
1	George W. Jenkins	14. MOTHER'S MAIDEN NAME Emma Wainwright						
	(es, not ps-unknown) ((If yes, give war or dates of service)	NFORMANT Mrs. Lucy M. Jendeins (Wife). 110.fooks St. Salisbury, Maryland.						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO Conditions (c)	Intervelerosis less then hour						
CeptierCation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO							
		(Enter noture of injury in Port I or Part II of item 18.)						
14010014	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL While Not while of work 0 twork 19	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)						
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 and that compared to the same that compared to the sa							
	BURIAL CREMATION, 236. DATE THEREOF 1960. PAPSONS							
2	FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & Co. Salisbury, Maryl	and, 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP 1 4 '60 Colling 8. Knows						

er deoth. Poge 4 moy be retained, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL

VR A1S (4) 1SM 9/59

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TO HOSPITAL

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10819

	DIVISION	F STATISTICAL RESEARCH AND RECORDS - BALTIN
	0830	CERTIFICATE OF DEATH
_	V	The state of the s

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where decease		ce befare admission)				
	Lilico Mico	MARYLAND	MARYLAN	D b. COUNTY WOR	RCESTER				
Ì	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF autside care	porate limits, write RURAL and (give nearest town)				
1	SALISBUAY	10 HOURS	RURAL - P	ocomoke C	LITY				
	d. NAME OF HOSPITAL (If no) in hespital, give street OR INSTITUTION	address)	d. STREET ADDRESS	122	e. IS RESIDENCE ON A FARM?				
6	SALISBURY TENINSULA	GENERALHOSPITA	R.F.D. 3	インソ	YES NO				
I	3. NAME OF First DECEASED	Middle	Last 4. DATE	Month	Day Year				
1	(Type or print) ELTON	MARTIN	JONES DEAT	SEPTEMBER	17 1960				
	S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS.				
	MALE WHITE WIDOW	/ED DIVORCED	MAY 1, 1893	lgst birthday) Manths	Days Hours Min.				
1	10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar foreign	country) 12. CITI	ZEN OF WHAT COUNTRY?				
1	FARMER	FARMING	MARYLAN	0	1.S. A.				
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
V	WILLIAM HENRY JO	DNES	ELLA WAT	TSON					
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	R.F. Address 3					
٦	(Yes, no. or unknown) (If yes, give wor or dates of service)	10-34-9239 W	ILLIAM H. JONE	S POCOMOKE	CITY MD.				
ŀ	1B. CAUSE OF DEATH [Enter only one cause per l'		DETAIL HESSIES	, IULUMDINE	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	Aus more Os.	of Alloret	300060	ONSET AND DEATH				
1	IMMEDIATE CAUSE (a) DUE TO	1 - Coloniace	a John Carl	1 mary	Jany				
1	Canditians, if any, which)	O	0		1				
1	gave rise to immediate								
	cause (a), stating the under-								
	Lying cause last. (c)								
	PERFORMED?								
4	TO ACCIDENT WAS UNIDERLYING TO JOB DES	COURT HOW IN HURY OCCUPAN	D. (Enter nature of injury in Part I or P	aut II of item 19)	YES NO X				
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (corer nature at injury in Part I at P	m ii or iiem ib.j					
	Z 20c. TIME OF INJURY Month, Day, Year 20d.			ity or tawn) (0	Caunty) (State)				
	20c. TIME OF INJURY Month, Day, Year 20d. Haur a. m. 19 While of wa	I ADI MINIG	ctary, street, office bldg., etc.)						
	21. I certify that (I) (this hospital) atten-	ded the deseased from	9-17 1960, 10	9-17 10/	(1) (we) lost				
١	sow the deceased olive on 171	7 / 2	deoth occurred of M. from		0.				
	22a. SIGNATURE	January Ond Mari	deoin occorred org. 44.m., mor	Time causes and on me	22b. DATE				
	1125 R 90010	. /	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	9-17-100				
Н	22c. PHYSICIAN'S		22d. ADDRESS		11.52				
	NAME (Type) LU. R. ELLI	s IR	SALISBURG	1 MARYLA	VD.				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	23d. LOC	ATION (City, tawn, ar caunty)	(State)				
	BURIAL 9-20-60	REMSON M	ETHODIST RURY	1 0 11-	CITY MD.				
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGI						
	Toker H. Walson +	OCOMOKE CIT	4. m D, DATE SEP 2	1 '60 Chilling.	S. Kraus				

A STATE OF THE REAL PROPERTY.

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (WI		C-01111	dence before odi	
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	isbury	nits, write RURAL or	nd give nearest t	own)
d. NAME OF HOSPITAL (If not in haspital, give street of National N		d. STREET ADDRESS	Cherry	St	10	RESIDENCE N A FARM? NO []X
3. NAME OF First DECEASED (Type or print) SARAH PR	Middle RISCILLA	JONES Lost	4. DATE OF DEATH	Month SEPT.	13th	Yeor 19 60
s. sex 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH June 4.187	last	E (In years IF UND Month	DER 1 YEAR IF UI	1
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) House Work at Home	KIND OF BUSINESS OR INDU	Somerse	t Co.Mai		U S A	
James H. Martin		Mary Ro				
	SOCIAL SECURITY NO. W.T.	FORMANT J.W		(Daughte	er)104	Cherry
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	Lerosis &	Growe INAL DISEASE CON	DITION GIVEN IN F	PEI	AS AUTOPSY RFORMED?
5	Not while fa	D. (Enter noture of injury in ACE OF INJURY (Hame, farn ctary, street, affice bldg., etc	n, 20f. (City or tow		(County)	(Stote)
21 certify that (1) (this hasnital) attend	led the deceased from	M.D. ATTENDING M. D. PHYS. D	M, from the content of the content o	causes and an	.14	red abave. 22b. DATE SIGNED /1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Sept. 16, 196	23c. NAME OF CEMETERY OF Parsons	R CREMATORY Cemetery	23d. LOCATION (city, town, or count sbury, Ma	y) (Aryland	Stote)
24. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY	ADDRESS SALISBURY M.		D BY REGISTRAR	25b. REGISTRAR'S	4.4	

1000	
1. PLACE OF DEATH o. COUNTY MICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE DEL, b. COUNTY SUSSEX
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salishury	SELBYVILLE
d. NAME OF HOSPITAL (If most in hospital, give street address) OR INSTITUTION PENSION SULA CENERAL HOSD, Tal	d. STREET ADDRESS ON A FARM? YES NO [4]
3. NAME OF DECEASED (Type or print) FLORENCE W,	Lathbury 4. DATE September 19 19 6
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours Min.
10a. USUAL OCCUPATION Give kind af work done during most of warking life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U, S, A ,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN WAINWRIGHT	JANE WAINWRIGHT
(Yes, no, or unknown) (If yes, give war or dates of service)	ouerett Lathburg Se Clerable Del.
18. CAUSE OF DEATH [Enter only one cause per lige for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	With Thereshouse ONSET AND DEATH
IMMEDIATE CAUSE (a) DUE TO	with the tenth of the
Conditions if any which	
gove rise to immediate DIFTO	
buing course last	
(4)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OTT	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year While Not while at work at work	PLACE OF INJURY (Home, farm, actary, street, affice bldg., etc.) 20f. (City ar tawn) (County) (State
21. I certify that (I) (this haspital) attended the deceased fram	9/17/ 1960 to 9/19/ 1960 that (1) (we) las
	death accurred at 7.45M, from the causes and anothe date stated above
220 SIGNATURE	22b. DATE
Wand J. Mewore	M.D. ATTENDING MED. STAFF 9/19/60
22c-PHYSICIAN'S NAME (Type)	Jaleshury Maryland
23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or caunty) (Stote)
BURIAL 9/27/60 ALFRED LYM	VCH CEMETERY SELBYVILLE DE
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Henry H. Wolson Pocomoke ?	nd, DATESEP 23'60 College & Kana

er death. Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remave corbon papers. Pages 1 and 2 should be filed with the State Board af Health prior to buriol, cremation, ar remaval, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haur TO HOSPITAL

VR A1S (4) 1SM 9/59

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TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10822

		1000	1	CERTII	FICAT	E OF	DEATH					(, 0 -	
	1. PLACE OF DEATH o. COUNTY	comico	4.	MAR	YLAND	o. STATE	esidence (wh		d lived. If instituti b. COUNTY		omi		ion)
		(If outside corporate limi	ts, write	LENGTH OF STAY	(IN 16	c. CITY C	OR TOWN (If o	utside corpo	orate limits, write R	URAL ond	give ne	arest town	1)
1	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, a			rs	8. STREE	Delm T ADDRESS B Marv		Avenue			e. IS RES ON A YES	IDENCE FARM?
7	3. NAME OF DECEASED (Type or print)	Berths		Middle		Lewis	Lost	4. DATE OF DEATH	Sept		th		Yeor 19 60
	5. SEX Female	6. COLOR OR RACE	7. MARRIEI			June	2.187	5	9. AGE (In years last birthday) 85 yrs.				R 24 HRS. Min.
	10a. USUAL OCCUPAT	ION (Give kind af wark orking life, even if retired	dane 10b. KI	Home	OR INDUST	RY 11. BIRT	Ohio	or foreign c	ountry)	12.CI		USA	OUNTRY?
	13. FATHER'S NAME					14. MOTHE	R'S MAIDEN N	IAME		3.40		700	
		in Wolfe	eres la constitución		- I 1515	1	riah	Moore	B Add				
	(Yes, no. or unknown)	/ER IN U. S. ARMED FOR		ONE		ormant (abel	Lewis	, De					H
1		ATH [Enter only one co	use per line	far (a), (b), ond (c)	1-]	//	ne lors		0.01		INT	ERVAL BE	TWEEN
,	Conditions, if gove rise to cause (o), statin lying couse losi	immediate DUE TO	An	er all	tau	sed	,					0	
	O I	THER SIGNIFICANT CON	2	NTRIBUTING TO DE	EATH BUT N		TO THE TERMI	NAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(o)	PERFC	AUTOPSY PRMED?
	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	OCCURRED.	. (Enter notu	e of injury in I	Part I or Por	t II of item 1B.)				
	20c. TIME OF INJU Haur o. m p. m	10	While	URY OCCURRED Not while at work	20e. PLA	CE OF INJUF ary, street, a	RY (Home, form ffice bldg., etc	, 20f. (Cit)	y or town)		(County)		(Stote)
2		at (1) (this haspital	attended LLZ9	0					the causes an			stated	we) last labave.
1	22c: PHYSICIAN'8	1.1	72	their	M	ATTENE PHYS. 22d. AD		ED.		m	1		SIGNED
	NAME (Type)		OHI	1614			06		ar				
	REMOVAL (Specif Burial	23b. DATE THEREC		23c. NAME OF CEA					TION (City, tawn,			(Stot	(e)
	A FUNERA DIRECTO	-	Co	ADDRESS -LOOG	ner	Lle		D BY REGIS	TRAR 25b. REGI		Has	IRE	

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TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

10833

10823

	1. PLACE OF DEATH o. COUNTY	icomico	MARYLAND	o. STATE	Maryland	lived. If institution b. COUNTY	wicom	
	RURAL and give neare	utside corporote limits, write ist town) alisbury	c. LENGTH OF STAY IN 16	10	WN (If outside corpordalisbury		JRAL ond give neare	est town)
	OR INSTITUTION _	(If not in hospital, give street ose Drive	oddress)	d. STREET ADD	L506 Rose	Drive		IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	SAMUEL First	BENJAMIN M	IARSHALL	4. DATE OF DEATH	SEPT.		Year 19 60
	s. sex Male	White Widows	24	July 12		9. AGE (In years lost birthdoy) 55 yrs.	Months Days	F UNDER 24 HRS. Hours Min.
)	Shipping Cl 13. FATHER'S NAME	(Give kind of work done 10b. life, even if retired) erk — Shore njamin Mars!	kind of Business or Indu	11. BIRTHPLACE R.D. #	E (State or foreign co Salisbu	ry, Md.	U S	VHAT COUNTRY?
	15. WAS DECEASED EVER IN	N U. S. ARMED FORCES? 16.		Hilda N	Marshall(Wife) Addr	es Driv	e(1506)
	Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	under- DUE TO (c)	pidermoid wides contributing to DEATH BUT				EN IN PART I(o) 19	PERFORMED?
	PART II. OTHER 20a. ACCIDENT WAS I OR CONTRIBUTING IF EITHER, NOTIFY ME	CAUSE OF DEATH	Cribe how injury occurre \mathbb{N}/\mathbb{A}					YES NO K
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. II N/A 19 While of wor	Not while fo	ACE OF INJURY (Ho ctory, street, office b		or town) N/A	(County)	(Stote)
	saw the deceajed 220. SIGNATURE 220. PHYSICIAN'S NAME (Type)	r.Robert T.		M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	CTAFF	1900, that dans the date of th	t (I) (we) last stated abave. 22b. DATE /1960
	23a. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	23b. DATE THEREOF Sept. 7, 1960	Parsons C	emetery		isbury.		(Stote)
	24. FUNERAL DIRECTOR'S S HOLLOWAY &		ADDRESS SALISBURY MA		SEP 9 '60		STRAR'S SIGNATURE	

THE REAL PROPERTY. LEMMAN CONTRACTOR OF THE CONTRACTOR OF THE STATE OF THE S Contempt Carenter and heavy in man Supplied the first of the first

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) director. Page or your files. a. COUNTY a. STATE b. COUNTED Wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Ö Salisbury Berlin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Peninsula General Hospital State YES ZHO death. NAME OF DATE Inet Month Day DECEASED and 3 to the OF the (Type or print) DEATH Joseph Ignatius 2 with th 9-9-60 s I IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years' IF UNDER 24 HRS. 1 and 2 will last binhday) Months Days Hours WIDOWED DIVORCED ie should be executed within 24 hours after ling" in pencil in Item 18. Give Pages 1, 2, ai er's Office along with form PM3, Page 5 n USUAL OCCUPATION (Give kind Work 10b. KIND OF SUSINESS OR INDUSTR 11. BIRTHE ZEN O WHAT GOUNTRY? during most of working life, aven File pages 1 Office along with form ARMED FORCESZ 16. SOCIAL SECURITY NO CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN 2 ONSET AND DEATH burial-transit DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) Crushed chest Sudden removal, DUE TO Conditions, if any, which (b) gava risa to immediata cause DUE TO (a), stating the underlying Examiner' causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief to NO plnods 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) CAUSE OF DEATH car that ran into back of truck. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) Month, Day, Year factory, streat, office bldg., etc.) Not Whila at work at work F prior D Pocomoke Worcester 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry Y and in my opinion egent, Accident Y Homicide 1. Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER 9-10-60 designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Camden EXAMINER'S DEPUT NAME (Typa) Address (Streat, city, town, or county) Rover CEMETERY OR CREMATORY 40 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR I VS. A15ME arihun S. Kraus DATE SEP 1 6 '60 5M 7/59

College 2W brinity and an III firms Indigan Interes afvantal Conspired Intelligence of the Late of the order Cruched chest ploure to sland gond man trid use subvital Forestangel Description I will be a first the company of the compa BOMBIAR .ovi mybund Yolf the er blanden i'vo. THE TAX HE STORE OF THE PARTY O Selling, Jan. The second of th

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

111825

PLACE OF DEATH o. COUNTY	Wicomico	7-12	MAR	rLAND	2. USUAL RESIDENCE (WI o. STATE	here deceased	b. COUNTY	_	before o	./
	(If outside corporate lin	mits, write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	-	rote limits, write R			
RURAL ond give	isbury. Md.	333	lı7 da	TT CI	Cem	bridge	9	79	12	-2
d. NAME OF HOSE	PITAL (If not in haspital,		ress)	40	d. STREET ADDRESS	DITUE	9		e. I	RESIDENCE
OR INSTITUTION	R'S HEAD ST	ATE HOSI	דא יייד.		22	l West	End Ave.			S NO
NAME OF DECEASED		First	Middle		Last	4. DATE OF	Mar	ith	Day	Yeor
(Type or print)	M	ARGARET	E.		MUNSON	DEATH	9	HED.	13	19 60
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B	. DATE OF BIRTH		9. AGE (In years last birthday)	-	\rightarrow	JNDER 24 HR
F	W	WIDOWED 5	DIVORCE	D	12-19-75	- 1.0	8) yrs.	Months	Doys H	ours Min.
USUAL OCCUPA	TION (Give kind of worl	k done 10b. KIN	D OF BUSINESS C	OR INDUST	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
Homemal	arking life, even if retire	ed)			Newton,	N.J.			U.S.	
FATHER'S NAME					14. MOTHER'S MAIDEN I			1		
	Unknow	n			Unknow	n				
WAS DECEASED F	VER IN U. S. ARMED FO		CIAL SECURITY NO	17 INF	FORMANT		Add	ress		
s, no, or unknown)	(If yes, give war or dates of		STATE OF CONTINUE		er's Head Sta	nto E-			5014	chum
No				De	er s mead on	ate no	Shrear W	scorus	POSTI	
	DEATH [Enter only one of			-]					ONSET	AL BETWEEN AND DEATH
	DEATH [Enter only one of EATH WAS CAUSED BY: IMMEDIATE CAUSE			-]		ase			ONSET	AND DEATH
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	EATH WAS CAUSED BY	(o) Art	terioscle	roti		ase			Ves	AND DEATH
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Conditions, if gove rise to couse (o), stolin lying couse los Part II. Con Contribution (IF EITHER, NOT!) 20a. ACCIDENT (OR CONTRIBUTION (IF EITHER, NOT!) 20c. TIME OF INJ Haur a. m. p. m. 21. 1 certify the saw the dece 22a. SIGNATURE	ony, which immediate Cause Due Toony, which immediate on the state of the under of	(c) Art (b) Art (c) Art (c) Art (d) Art (d) Art (e) Art (e) Art (f) Ar	terioscle terioscle tributing to De te How INJURY C RY OCCURRED Not while of work the deceased 19 60 and	PEROTICE PLANFOCCURRED 20e. PLANFocch from	c heart dises s, general NOT RELATED TO THE TERM (Enter noture of injury in arry, street, office bldg., etc. 7-28 19 eath accurred of PHYS. 22d. ADDRESS Dec	Port I or Por	t II of item 18.) or town) the causes are STAFF PHYS.	i3, 19 nd an the	Yes Yes Yes Ounty) 60that date str	VAS AUTOPS' ERFORMED? (Stot) (I) (we) la ated abave 22b.DATE SIGNE
Conditions, if gove rise to couse (o), stolin lying couse los Part II. Con Contribution (IF EITHER, NOT!) 20c. TIME OF INJ Haur a. mp. m 21. 1 certify the saw the dece 22a. SIGNATURE	DUE TO DU	(c) Art (b) Art (c) Art (c) Art (d) Art (e) Art (e) Art (e) Art (f) Ar	terioscle terioscle tributing to De E HOW INJURY C RY OCCURRED Not while of work the deceased	eroticerosis EATH BUT N CCURRED 20e. PLA: fach d that de	c heart dises s, general NOT RELATED TO THE TERM (Enter noture of injury in arry, street, office bldg., etc. 7-28 19 eath accurred of the period of the	Port I or Por 1, 20f. (City 60 . ta M. Fram 1ED. IRECTOR 115 burg 23d. LOCA	t II of item 18.) or town) the causes ar STAFF PHYS.	(C 13., 19 and an the Hosp or county)	Yes Yes Yes Yes Ounty) 60that date str	VAS AUTOPS' ERFORMED? (Stot) (I) (we) la ated abave 22b.DATE SIGNE

ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haur TO HOSPITAL

VR A1S (4) 1SM 9/59

the leading of the latest the lat 1972 1965 Application it in the notice of . District the claim of the part of and from at real THE RESIDENCE PROPERTY OF THE PARTY AND THE PARTY AND THE .bM . theed down !! west call your block of a real of the life

TO HOSPITAL

VR A1S (4) 15M 9/59

10826

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10836 **CERTIFICATE OF DEATH**

o. COUNTY		MARYLAND	a. STATE	ь. С	OUNTY	V
- D	ICOMILCO		Maryla		Kent	
RURAL ond give near		c. LENGTH OF STAY IN 16			write RURAL and give nearest town)	
d. NAME OF HOSPITAL	L (If not in haspital, give stre		d. STREET ADDRESS	ertown	le. IS RESIDEN	CF
OR INSTITUTION	Head State		R. F. T	1.#3 Guaker	ON A FAR	M?
3. NAME OF	First	Middle	Lost	4. DATE	Manth Day Year	
(Type or print)	MAGGIE		Murray	OF DEATH	9 6 196	0
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (II		_
Female	Col WIDO	WED DIVORCED	Aug. 1, 18	94 66	yrs. Months Days Hours M	Nin.
100. USUAL OCCUPATION during most of warking House	(Give kind of work done of the life even if retired)	06. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (Stor		12. CITIZEN OF WHAT COUN	TRY
13. FATHER'S NAME	obert Hous	ton	14. MOTHER'S MAIDEN	Smith		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	~-	Address	
(Yes. no or unknown) (If	yes, give wor or dates of service)	none	Marian Mur	ray Ches	tertown, Md.	
18. CAUSE OF DEATH	I [Enter anly one cause pe	r line for (o), (b), and (c).]			INTERVAL BETWEE	EN
PART I. DEATH	WAS CAUSED BY:		aconhaguaitk		ONSET AND DEA	TH
15	MMEDIATE CAUSE (a)	Carcinoma of	esophagus with	radvanced m	etastases 15 yrs	•
100%	DUE TO					
Conditions, if ony						
gove rise to impose couse (o), stoting the						
lying couse lost.	(c)					
Z PART II. OTHE		IS CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERM	MINAL DISEASE CONDITI	ION GIVEN IN PART 1(0) 19. WAS AUTO	
PART II. OTHE					PERFORMED YES NO	
200. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING 20b. E CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	n Port I or Port II of item	. 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d		PLACE OF INJURY (Hame, far		(County) (S	Stote
Hour o.m.	19 Wh	ile Nat while	foctory, street, office bldg., e	tc.)		
₹ p. m.	., 01 (voix 🔲 di work 📗	0 /2 5	(0)	011	-
21. I certify that	(I) (this haspital) atte	ended the deceased from			9/6, 1960_, that (I) (we)	
saw the deceose	d alive an <u>9/6</u>	19 <u>60</u> , and that	death occurred at	M, fram the cau	ses and on the date stoted ob	ove
220. SIGNATURE	1. 1.		0:1	5 p.m.	22b, DA	TE
	Oluera	can	M.D. PHYS.	MED. STAFF PHYS.	× 9-7-0	50
22c. PHYSICIAN'S	1		22d. ADDRESS	Jeer's Head	State Hospital	
NAME (Type)	V√ Juerman	, M. D.	S	alisbury, M	d.	
23a. BURIAL, CREMATION		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	
Burial (Specify)	9/10/60	Janes Ce	metery	near -	Chester town, (Stelle).	
24 PUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		C'D BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE	
Donnell.	U 45616.1	Chesterto	wn, Md. DATE	SEP 9 '60	arthur S. Krus	

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	AND THE	100 - 2005 17 %	Buon		
Establish well	1		11000		
the testown has	- 4040	77.70	D Salas	0=/UL/w 1000	
		HOL LON	Musikada-		

	10837	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.	0827
1. PLACE OF DEATH o. COUNTY Wicos	mico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md	ere deceosed lived. If instit b. COUN		. 1/
b. CITY OR TOWN (If ou RURAL and give search	tside corporate limits, write st town) TY	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write	e RURAL ond give near	est town)
d. NAME OF HOSPITAL (OR INSTITUTION	of the lift not in hospitol, give street ant Care N	ursing Home	d. STREET ADDRESS	19X	-1 .	IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	Ada First	Middle No	rwood	OF -	Nonth Day	6 19 6 C
Female 6.	White WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 5, 1864	9. AGE (In year lost birthdo	OFS IF UNDER 1 YEAR I	F UNDER 24 HRS Hours Min.
0o. USUAL OCCUPATION (during most of working Housewife	life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote Maryla		12. CITIZEN OF	WHAT COUNTRY
3. FATHER'S NAME John Wes	ley Miles		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If ye	U. S. ARMED FORCES? 16 is, give war or dates of service)		INFORMANT S. Norman Ta	A	Address	
PART I. DEATH	[Enter only one couse per WAS CAUSED BY: MEDIATE CAUSE (o)	M 1	in FAI	LURE	ONSE	EVAL BETWEEN T AND DEATH
Conditions, if ony,	which (b)	ion gestine.	heart From	LURE	/	959
couse (o), stoting the lying couse lost.	(c)	xueralized	anterio.	clerpis		?
ZOg. ACCIDENT WAS U	horic de	CONTRIBUTING TO DEATH BU Lhy du to SCRIBE HOW INJURY OCCURRI	1			. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING OF INTERPRETATION OF INTERPRETAT	Month, Doy, Yeor 20d. While	E.	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County)	(Stote
21. I certify that alive an 16	Septended the deceded Septendo, 19		accurred at 4 50/P	M, fram the causes ADDRESS (Street, city or too	and an the date	the deceased stated above DATE SIGNED
SIGNATURE PHYSICIAN'S NAME (Type)	out 1.	100gus	M.D. Thus	ter, m	anglest	26 Syst C
220. BURIAL, CREMATION,	226. DATE THEREOF 9/29/60	22c. NAME OF CEMETERY OF Demascus Me		22d. LOCATION (City, town Demascus, N		(Stote)
23. FUNERAL DIRECTOR'S SI	Chature	ADDRESS Anno	e, Md. 24a. REC	D BY REGISTRAR 24b. RE	EGISTRAR'S SIGNATURI Dulling S. Know	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1		LACE OF DEATH . COUNTY	o. STATE b. COLINTY
/	1 0	ALCOMICO MARYLAND	o. STATE Md. b. COUNTY MICOMICO
	• Б	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	0	I. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D
	0	IAME OF ECEASED (Spe or print)	Note of DEATH 9 - 3 1960
	S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years law birthdoy) 1-22-1893 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manth Day Hours Min.
1		USUAL OCCUPATION (Give kind of work done of the done of working life, even if retired)	11
/		Hesikiah Nutter	Leah Jane -
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In no pr unknown) (If yes, give war or dates of service) 2/5-12-6994	4 Rose Barclay Nanticoke, Md.
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), mg (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	oe Teeleise. Interval Between onsettind Death
		Conditions, if ony, which gove rise to immediate (b) arture seel	metre Heart Disiase. 10 gars
		lying couse lost.	alberoscelevois 10 gun
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERD MED? YES 100 110
		200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port 1 or Port II af item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 While Not while of work 19 of work 1	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
		21. I certify that (I) (this haspital) attended the deceased fram.	death accurred of PM, from the cause and an the date stated above.
(-	VZO. SQUATURE	M.D. ATTENDING DIRECTOR STAFF SIGNED
		MAKETYPE CHARD # SAUNDA	NANTICOKE Md.
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CONTROL OF CEMETERY OF CONTROL OF CEMETERY OF CONTROL OF CEMETERY OF CEMETER	OR CREMATORY 231. LOCATION (City, town, or county) (State)
	24.	FUNERAL DIRECTOR'S SIGNATURE BIVORS ADDRESS A	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP 9 '60 Carina S. Kraus

death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau

may be revailed by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Baard of Health prior to burial, cremation, ar remaval, and in any event, within 72 bours after death.

TO HOSPITAL

VR A1S (4) 1SM 9/S9

HIARD TO TRANSPERS CONTRACT Late and Cost to me / let a stall A A Control of the section of the se and the state of the self-continued to the s The second secon DH SOUTHING ESONS VOE IT DECIDED NO. Lawred 7-740 Austrodia Commenter Comment THE SECOND OF THE PARTY OF THE SECOND SECOND

NO. 1 VID		MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18	- 0 -
FOR STATE		1086; MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. Di	1()829 st. No.
HEALTH DEPT.	1. 0	COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. It institution: Residence of STATE VIRGINIA b. COUNTY AVI	ince before odmission)
sary, plea ctor. Pag aur files. of Health	(K	CITY OR TOWN (II outside corporate limits, write RURAL ond give neglest fown) ORAL MAKCELA	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give necrest town)
Boord	d	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	2125 BRANGYWINE	ST, YES NO
delay retaine e State r death		NAME OF DECEASED Type or print) PACE F Middle A PACE F LEE (OLERION DEATH SEPT	Doy Yeor 1960
If any be with the wrs after	5. S	EX 6. COLOR OR RACE MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (Information of the birthday) 7 yrs. Months (1)	YEAR IF UNDER 24 HRS. Days Hours Min.
Poge 5 in 72 ho	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF HUSINESS OR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	U.S.A.
Poges Poges In with	13.	FATHER'S NAME Thomas SOROLES	14. MOTHER'S MAIDEN NAME CAMIEL Rodge	
Give Give In 24 ho	15. Yes.		FORMANT Address L.A. RAPEE, WAShINGTON	DC
fong with permit ond in		PART I. DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) TO CO.	iunies -	INTERVAL BETWEEN ONSET AND DEATH
execution of the control of the cont		DUE TO		
in pen iner's a burio		gave rise to immediate cause (b) UE TO Cause last,		
icate shidenging of Examined as emation	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
is certification of the state o	CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY DOP CONTRIBUTING CAUSE OF DEATH.	ter noture of injury in Port 1 of Fort 11 of Stem 18.)	
Chief The Short	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20c. PLAC While of work of work of work	E OF INJURY (Home, form, 120f. (City or town) (Country, freet, effice bldg., etc.)	niy) (State)
writing and to the program of the pr		21. I certify that I taak charge of the remains described above		
Figure 1		apinian death resulted fram: Natural couses . Accident	CHIEF MEDICAL EVANINES T	DATE SIGNED
the formal periods and the formal periods are periods and the formal periods and the formal periods are periods and the formal periods and the formal periods are periods and the formal periods and the formal periods are periods and the formal periods and the formal periods are periods and the formal periods are periods and the formal periods and the formal periods		EXAMINER'S Philo A Tinstone	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	9-7-60
E Should	220	BURIAL, CREMATION, 22b. DATE HEREOF 22c NAME OF CEMENARY OR (REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, Jown, or county)	(Store)
VS. A15ME	25	SUMPRESS SANATORE SALE APPRESS	24a. RECO BY REGISTRAR 24b. REGISTRAR'S SIG	4 -
\$M 2/57	4	Africa Comments	DATE SEP 0 00 CLARAT 1.	

DF 12000 METAL 2012年2月7日 中国 1812年2月1日 1912年1日 THE SALE WAS TO SERVICE OF STREET OF SEATH LEAD MARKELA Chixon I Later Age To Dell'Amile to Strait Conside Addition My Lakapet John John J. C. C. Dispersion with Dispersion Disper SUCHAL P-9-1960 HERES THE STREET HOUSELD CARE There is the Marie and the Color of the San State of the

er death. Poge 4

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CER	TIF	CA	TE	OF	DE	ATH

1	(1	8	3	0
	1	0	_	()

1. PL/ o.	ACE OF DEATH COUNTY	icomico		MARYL		o. STATE	NCE (WI		d lived. If institut b. COUNTY				sion)
b.	CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY IN	ч 1ь		U		orote limits, write f		7900		n)
	RURAL and give ne	arest town)		0 M- CD		V-							
d.		alishury	ive street		a.	Salisbury d. Street Address e. IS RESIDENCE							
	OR INSTITUTION			te Hospital		ON A						FARM?	
3. NA	AME OF CEASED	Fir	st	Middle		Last		4. DATE	Mo	nth	De	зу	Yeor
	rpe or print)	Mar	gare	t Mildre	d	Palmer		DEATH	Sep	tembe	r 23	3	19 60
S. SEX	(6. COLOR OR RACE	7. MAR	RIED MEVER MARRIED	B. C	ATE OF BIRTH			9. AGE (In years lost birthdoy)			+	ER 24 HRS
	Female	Negro	WIDOW	ED DIVORCED		Jan. 15.	193	37	29 yrs.	Months	Days	Hours	Min.
10a. L	JSUAL OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS OR			the same of the same of			12. CIT	IZENO	FWHATC	OUNTRY
	Farm	ing life, even if retired)	None		M	arvl	and			U.	S. A	
13. FA	THER'S NAME			110110	1	4. MOTHER'S M	4						
		Clarence	Han to	+		Δ	ones	Pars	one				
		IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INFO		EIICE) Y ST D		iress		-3.5	
(Yes, n	o. or unknown)	f yes, give war or dates of s	ervice)			Hospita	7 Re	cords	Sali	sburv	. Ma	rvla	nd
110	B. CAUSE OF DEA	TH Enter only one co	use per l	ine for (o), (b), and (c).]		2.000.00	100	2001 W.C	47 600		LINT	ERVAL BE	TWEEN
		H WAS CAUSED BY:		Ca. of Cerv	riv m	ami u/n	atac	*****			ON	SET AND	DEATH
	150	IMMEDIATE CAUSE (c	,	Ca. OI CELV	IA U	PETT MI	CURE	0 0 0 0 0 0	Marie Elizabeth)	err D
	Comments to the	X											
	Conditions, if any, which are to immediate (b)												
	couse (o), stoting t	he under- DUE TO											
_ =	lying couse lost.) (c	-	CONTRIBUTING TO BEAT	THE DUT NO	T BELLTED TO T	UE TERM	IN LATE DICE AC	CONDITION OF	VENTAL DA	DT 14-1	10 14/40	ALITOREY
OF.	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H ROL MC	I RELATED TO T	HE LEKM	INAL DISEAS	E CONDITION GI	VEN IN PA	KI 1(0)	PERFC	RMED?
N P				ephritis								YES _	NO 🖸
CER	Oa. ACCIDENT WAS DR CONTRIBUTING F EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED. (Enter nature of i	njury in	Port I or Por	t II of item 1B.)				
MEDICAL	Hour a.m.	Month, Doy, Ye	While			OF INJURY (Ho ,, street, office b			y or town)		(County)		(Stote
	1 I certify that	(I) (this hospita	\ atten	ded the deceased f	ram 7	/19/	10	60, ta_	9/23/	10	60 ,	nat (1) /	we) las
	aw the decease		1 1	19 <u>60</u> , and t		th accurred							
-	20. SIGNATURE	4 1	100		nar aea	in accorred	u1 221	e /vi, II um	The causes at	na an m	e duit		b. DATE
		V. luer	ma	ru	M.C		☐ DI	ED.	STAFF PHYS.				SIGNED
2	2c. PHYSICIAN'S NAME (Type)	V. Juerma	n, M	.D.		22d. ADDRESS		alisbu	ry, Mary	land	nto -Par-est sus (80 s		
	SUNAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEMET	TERY OR C	REMATORY	17.7	23d. UDQA	TIONACity, tough	or county)		(Stot	le)
24 5	JULIAN DIRECTOR'S	SIGNIGUE	1000	ADDRESS !	10	TO EQUA	Se arc	D BY REGIS	TRAR 25b. REG	ICTPAD'S O	GNATU	DE IDE	1
24. FC	1 STO	Reigh	10	elect			DATE	OCT 4	'60 256. REG	anth		Trave	

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 10839

10831

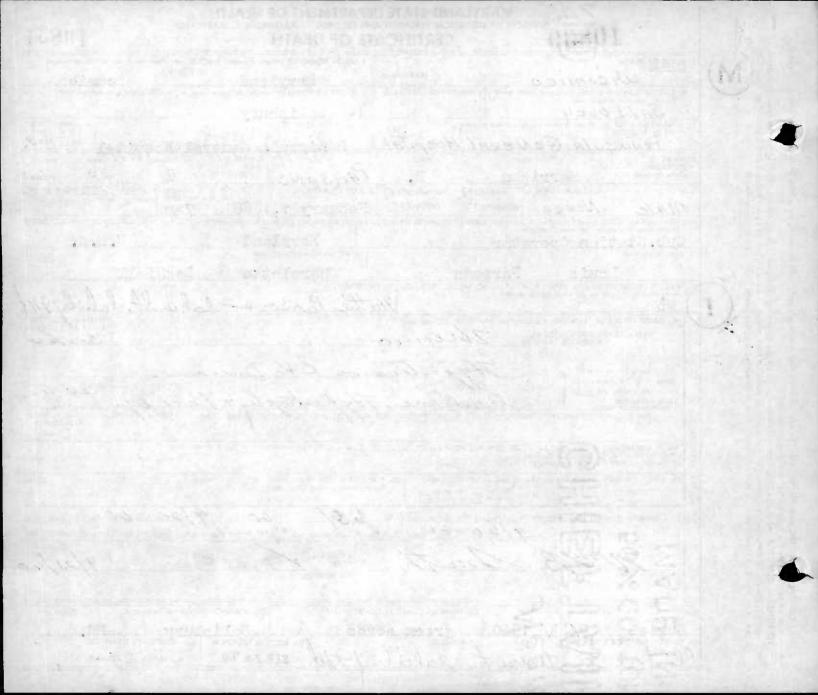
TOW / PO MIN /	
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	10
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	505 Lake Street ON A FARM?
PENINSULA GENERAL HOSPILAL	Peninsula/General/Hospital YES NO
3. NAME OF First Middle DECEASED	2 Ldst / 4. DATE / Month 7 / Day Year
(Type or print) Harrison B.	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	lost birthdoy) Months Days Hours Min
MALE Negro WIDOWED DIVORCED	Febuary 1,1888 7275
10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDU- during mast of warking life, even if retired)	
Sub. Station Operator	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Parsons	Charolette Dashiell
(Kes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Address Address
No H	attle Parsons Jake It. Kalish My
18. CAUSE OF DEATH [Enter anly ane cause per line for (o), (b), and (c).]	INTERVAL JETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	- Burko
443 X DUE TO	
Conditions, if ony, which (b) Ayperless	are C.V. Disease
gave rise to immediate cause (a), stating the under-	11 , 1 1 n 1 24 ter
lying cause last. (c) Capelleae,	Hypreshopley + Brocked from
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IT NOT PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \[\cap NO \[\cap \]
	ED. (Enter noture of injury in Port I or Port II of item 18.)
- t.	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State
Hour a.m. 19 While Not while at wark of work	actory, street, office bldg., etc.)
21. I certify that (1) (this hospital) attended the deceased fram.	1960.ta 9/20, 1800, that (1) (we) last
	death accurred at M. M. from the causes and an the date stated abave
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 9/21/6
NAME (Type)	1
23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial 9/23/ 1960 green ac	eres Salisbury Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
IV. To the VIII of OLUM	DATES FP 2 8 '60 Circling of Travel

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO HOSPITAL

VR A15 (4) 15M 9/59

er death. Page 4



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CERTIFI	CATE	OF DI	EATH

10832

1. PLACE OF DEATH o. COUNTY					USUAL RESIDENC o. STATE	E (Where decease			ce before	admission)
8. COUNTY	Wicomico		MARYL	AND		yland	b. COUNTY	Wicon	mico	
b. CITY OR TOWN (If RURAL ond give ne Salisbu		ts, write c	109 days	V 16	c. CITY OR TOWN	isburv	prote limits, write l	RURAL ond g	give neares	st town)
d. NAME OF HOSPIT.	AL (If not in hospital, g	ive street odd			d. STREET ADDRE				e.	IS RESIDENCE
or institution Deer	s Head Sta	te Hos	pital		Jerse	y Road		F ₁ /4		ON A FARM?
3. NAME OF DECEASED	Fire	st	Middle		Lost	4. DATE	Мо	nth	Day	Yeor
(Type or print)	Hat	tie		F	earson	OF DEATH	Se	pt.	12	1960
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS.
Female	Colored-	WIDOWED	DIVORCED		ugust 3	30.1874	86 yrs	. Months	Doys H	Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	fone 10b. Kit	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE	(State or foreign o	country)	12. CITI	ZEN OF W	HAT COUNTRY?
Domes					Virg	rinia		T	I.S.	Α_
13. FATHER'S NAME				14	. MOTHER'S MATT					
Willia	m	Parice	מיב	A L	Tos	enhine	Л	ohnsc	m	
15. WAS DECEASED EVER			CIAL SECURITY NO.	17. INFOR	MANT	· PILLILL		dress O	9	1
No	ir yes, give war or dates or se	avice)		Car.	2 mlin	1.70h	to, R.	5:05	551	Rond
	TH [Enter only one co	use per line t	for (o), (b), and (c).1	7	1		dellis	4/91	INTERV	AL BETWEEN
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Considerable of the service of the s									
130	immediate cause (o) Carcinoma of Left breast with generalized / 2 yrs.									
	DUE TO	meca	stases.							
	Conditions, if ony, which pove rise to immediate (b)									
couse (o), stoting t	couse (o), stoting the under.									
	lying couse lost. (c)									
PART II. OTH	ER SIGNIFICANT CON								T 1(o) 19.	PERFORMED?
CA	Hypert	ensiv	e arterios	clero	tic card	Lovascul	ar diseas	se	Y	ES NO
PART II. OTH PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESCRI	BE HOW INJURY OC	CURRED. (E	nter noture of inju	ry in Port I or Po	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes		JRY OCCURRED 2	Oe. PLACE	OF INJURY (Home	, farm, 20f. (Cit	y or town)	((County)	(Stote)
Hour o.m.	19	While of work	Not while	roctory,	street, office bldg	j., erc.)				
	(I) (this hospital	\ attended	t the deceased f	rom M	lav 26	1600 +0	Sent. 1	2 10%) that	(I) (wa) last
	21. I certify that (I) (this hospitol) attended the deceosed from May 26, 160, to Sept. 12, 1960, that (I) (we) last saw the deceased alive on Sept. 12 1960, and that death occurred at M, from the causes and on the date stated above.									
22o. SIGNATURE	ed dive on	72-11	SE 17.33. , and I	nar dear	8	:15 A.M.	The couses of	na on me	gore si	22b. DATE
en de la	V. Were	uan	,	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. DO			SIGNED
22c. PHYSICIAN'S	4		•	m.b.	22d. ADDRESS	DIRECTOR L	FITTS. MES			9-13-60
NAME (Type)	V. Juerma	n. M.	D.		Deer's	Head St	ate Hosp	ital:	Sali	sbury Md
23a. BURIAL, CREMATIO	N, 23b. DATE THEREO	F :	23c. NAME OF CEMET	ERY OR CR	EMATORY		TION (City, town,			(Stote)
burial (Specify)	9/17/10	960	Green	Acres		Sa	lisbury	7	MA	
24. FUNERAL DIRECTOR'S			ADDRESS /	1		REC'D BY REGIS		ISTRAR'S SIG	GNATURE	
Whater I	- Still	1	della	1.	194/1/DAT	E SEP 2 0 1	60 0	ribun 8.	Kraus	
Charles &	Muly	ug	NULLO	WY	1114	Graft = -		, 203		

AND			RIVARE 20 31			
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	Here is a second of the second			×		
The contract recent data from the contract of	Han S. Destination of the control of		w##			
The state of the s					ha a service	
		10 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3	19-97-61			

SEP 9

DATE

'60

Year

19

(State)

SIGNED

worms S. Thrus

VR A15 (4)

15M 9/59

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1 PLACE OF DEATH COUNTY Wicomico Maryland b COUNTY MARYLAND 10 pmic T b. CITY OR TOWN (If autside carporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn) RURAL and give negrest tawn) Salisbury d. NAME OF HOSPITAL (If not in haspital, give street address) A STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMA Ellegood & Glenn St. YES I NOT IN/BKL NAME OF Middle 4. DATE DECEASED Larry James Peek DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T R DATE OF RIPTH Months Days Hours 12:55 A.M. 9-5-60 DIVORCED T WIDOWED | yrs. 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) P.G. Hospt. Salisbury Md. None 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phyliss Lou Green Robert Lee Peek 17. IMPORMANRobert Lee Peek (Mesher) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Ellegood & Glenn St. Salisbury. 1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMEDT YES NO 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (Caunty) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark 1960, to 19 6 0 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram.... 1960, and that death accurred at SAM, from the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR [22c. PHYSICIAN' 22d. ADDRESS Morgan CATION (City, town, or county) and. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) Sept. 2.1960 Parsons 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE

Maryland.

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Holloway & Co.

Salisbury.

A second as a second se (certife) per sec installment com read numbers . Dr. driedelin. of prof. i boower. coord (Consideration) the toll to make !! . berettynen , thinks who TELL STORE EL DESTRICT DESTRICT confluence common film T. 60 accumulation

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

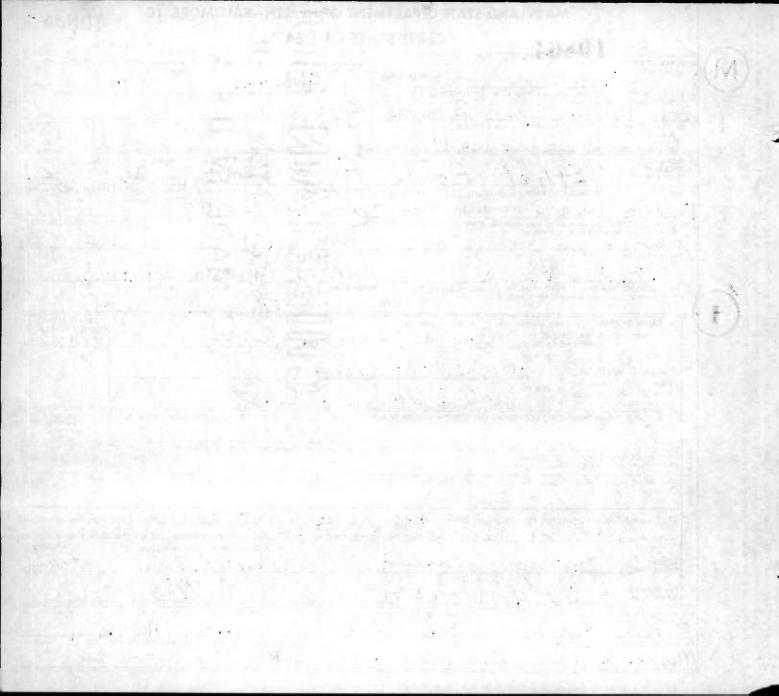
10834

	1.086.2	CERTIFIC	AIE OF DEATH		Reg. Dist. No.
	COUNTY CO MICO	MARYLAND	2. USUAL RESIDENCE (Who	b. COUNT	tian: Residence before admission)
		3 Mosths	c. CITY OR TOWN (II) or	atside corporate limits, write	RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in haspital, give street add		d. STREET ADDRESS	20	e. IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED Type or print) E+/2 E//2 E//	BOONE	PODE	DEATH DOOT	onth Day Year
5. 5	6. COLOR OR RACE 7. MARRIED	DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	
0a	USUAL OCCUPATION (Give kind of wark done during mast of working life, even if retired)	ND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRYS
13.	Charles Boone		14. MOTHER'S MAIDEN N	Huerda J	ehuson
	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	CIAL SECURITY NO.	enformant /	hempsen	Ores of Md.
	18. CAUSE OF DEATH [Enter only one cause per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	Lemmond	so, e	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	rissele	lario-	4	?
H	gave rise to immediate cause (a), stating the under-lying cause last.	tru Och	ritio Nea	ref	2
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	nal disease condition G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO N
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJU Hour a.m. 19 p. m. 19	Nat while fo	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.	20f. (City or town)	(County) (State)
Section 1	21. I certify that I attended the deceased alive an, 1904		,	/	ind an the date stated above DATE SIGNED
	ACTUAL SIGNATURE / 5 1 1/1/11	nau	M.D. 3	harpton	m 9/27/40
220	PHYSICIAN'S A S. FURNAME (Type) A S. PURIAL, CREMATION, 22b. DATE THEREOF 2	77 2 77	OR CREMATORY I	22d. LOCATION (City, town	County (Santa)
E	SREMOVAL (Specify) Sept. 29 1960	2c. NAME OF CEMETERY	Temetery	Okeand, 1	Maryland
23. Y	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Egeten		0.0100	GISTRAR'S SIGNATURE

er death. Page & TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haure for death. Page A may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

10835

	1086	-	CERTIF	ICAT	E OF DEA	HTA			1.30			
1. PLACE OF DEATH a. COUNTY	comico	1)	MARY		o. STATE Mary	ce (When	re deceased	lived. If institut b. COUNTY	Wic	omi	ore admiss	ian)
b. CITY OR TOWN (II	autside carporate lim	nits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOW	/N (If au	tside corpor					1)
RURAL and give ne			50 yr	S	Deli	mar						
d. NAME OF HOSPIT	AL (If not in hospital, East	give street Stre			d. STREET ADDR		st St	reet	Ne			FARM?
3. NAME OF DECEASED (Type or print)		rude	Middle E11		Poulso	-	4. DATE OF DEATH	Sep		15	,	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 8.	DATE OF BIRTH			9. AGE (In years last birthday)			_	ER 24 HRS.
Female	White	WIDOW	ED DIVORCE	D F	'eb.13.1	.888	27/1	72 yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPATIOn during mast af work At Hon	ing life, even if retired	dane 10b. d)	Home	R INDUSTR	Y 11. BIRTHPLACE	_		untry)	12. CI		FWHATO	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S MA							
Greensh	oury Wha	te			Unkn	own						
1S. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	17. INFO	RMANT	O IIII	579.50	Add	dress			
No.	If yes, give war or dates of	service)	None	Do	ris Gre	en,	Deln	nar. Ma	ryla	and		
Carditians, if an gave rise to in cause (a), stating lying cause last. PART II. OTHER	the <u>under-</u>	b)	CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO TH	E TERMIN	IAL DISEASE	CONDITION GI	VEN IN PA	ART 1(a)	19. WAS	AUTOPSY ORMED?
AS		a	abeter a	relle	is ; a	icul	one	mia			YES	
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature af in	jury in Po	art I ar Part	II af item 18.)				
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yo	ear 20d. I While at war			E OF INJURY (Ham ry, street, affice blo		20f. (City	ar tawn)		(Caunty))	(State)
21. I certify the	t (I) (this hospite	al) attend	ded the deceased	from	-	12_	ot.,		, 19_	, tl	hat (I) (we) last
saw the deceos	ed alive on	Jan Jan	5 1960, ond	that dea		- MEI	M, from				e stoted	
22c. PHYSICIAN'S NAME (Type)	E.M.	LAR	MOLE		22d. ADDRESS	DEC	MAI	3 De	= C.			
23a. BURIAL, CREMATIO	N, 23b. DATE THERE	OF	23c. NAME OF CEM	ETERY OR	CREMATORY		23d. LOCAT	ION (City, tawn,	ar county	')	(Sta	te)
Burial (Specify)	9-18-	60	Mt. Ol	live			Del	mar. D	el.		-	
24 FUNERAL DIRECTOR'	S SIGNATURE	10	ADDRESS		10 025		BY REGIST		ISTRAR'S			

TO HOSPITAL VR A15 (4) 1SM 9/59

HIARD TO BE ADMITTED TO BE DE DE LE . In the second his less of your (s) programmes about 1997 of the Land Daniel Mark Control of the Control the state of the s Marie Marie and the the former of the Carlotte of the second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 **BALTIMORE 1, MARYLAND** XAMINER'S RTIFICATE OF DEATH 10-10-60 et . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Page a. STATE b. COUNTY Worcester necessary, firector. Pay MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL) Wicomico c. LENGTH OF STAY IN 1b and/give/neares/ tewn) write RURAL and give nearest town) 0 Berlin Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) for d. STREET ADDRESS a. IS RESIDENCE ON A FARM? may be retained 2 with the State E Route YES NO Peninsula General death 4. DATE Middle Last Month Year rrificate should be executed within 24 hours after death. If an "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sxaminer's Office along with form PM3. Page 5 may be retainer's Office along with form PM3. Page 5 may be retained as a burial-transit permit, File pages 1 and 2 with the S DECEASED OF (Typa or print) DEATH 19 Purnell AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Days Months Hours Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if ratirad) Custodian FATHER'S NAME USA Horse racing Maryland

14. MOTHER'S MAIDEN NAME Emma Purnell Henry Purnell

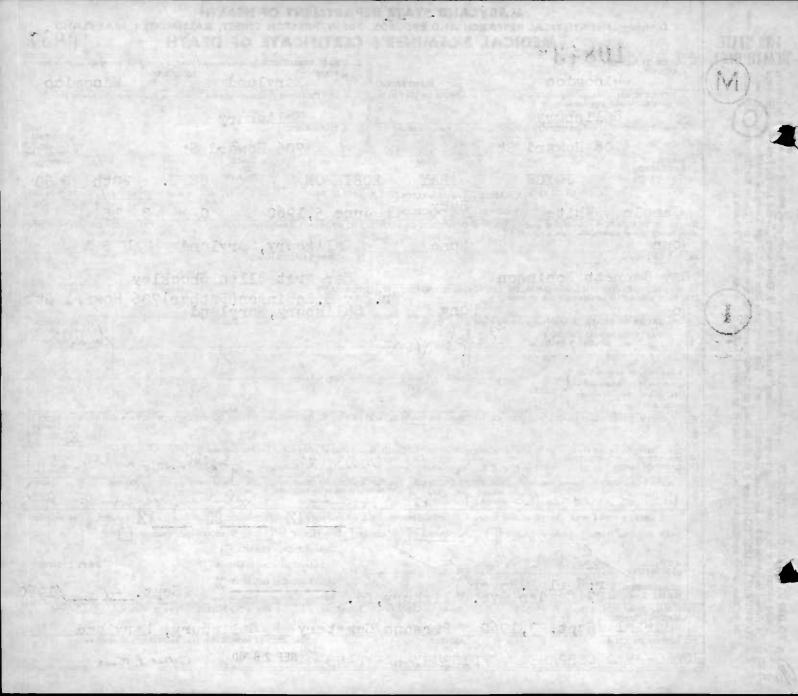
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT 1010° W. 41st. (Yas, no, or unkown) | (If yas giva war or datas of servica) Derrickson Purnell Baltimore. Md. IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a) Pulmonary embolus DUE TO Conditions, if any, which (b) gava risa to immadiate cause DUE TO (a), stating the undarlying ease execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Whila prior to Not Whila at work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 9-26-60 EXAMINER'S DEPUT NAME (Type) OR CREMATORY C'amdern's Aventy Salisbu Salisbury. Md. Royer, 22a, BURIAL, CREMATION. REMOVAL (Specify) 240 g -ooks FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME SEP 2 9 '60 arthur S. Kraus 5M 7/59

THE ACTION OF TAXABLE PROPERTY. Chicolico de la Carta de la Ca I was to be a second of the se Ifenson Participation of the company THE STATE OF THE S A to the first of There I would be the second of THE THE THE THE PERSON Long Land Lucrel Land Library Lucrell, and theory, inc. The state of the various of the A. H. William . The Medical Control of the Control

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Page b. COUNTY Wicomico Maryland Wicomico MARYLAND b. CfTY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Howard St may be retained 2 with the State 706 Howard YES NO X 3. NAME OF 4. DATE Middla and 3 to the DECEASED (Typa or print) JOYCE RAY DEATH ROBINSON 19 60 20th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years I IF UNDER 1 YEAR | IF UNDER 24 HRS. rage 5 m. 1 and 2 w. 72 hours a last birthday) Months Female 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? te should be executed within 24 hours affiging" in pencil in Item 18. Give Pages 1, 2 er's Office along with form PM3. Page done during most of working life, avan if retired) None None Salisbury, Maryland pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ray Bennett Robinson File Margaret Ellen Shockley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Ray B. Robinson (Father) 706 Howard St (Yes, no, or unkown) | (If yes give war or dates of service) Salisbury Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN SET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transi SING IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) "pending" geve rise to immadiata cause esse execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR:** Page 3 should be used as a DUE TO (a), stating the underlying ould be used a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18. PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED L. 20e. PLACE OF INJURY (Home, farm, 2Df. (dity or town) Month, Day, Year (County) (Stata) While factory, streat, offica bldg., atc.) Not While prior to 201960 at work at work Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy 🔀. Inquiry and in my opinion EDICAL Accident . Homicide Undetermined manner death resulted from: Natural causes Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE L. Rover DEPUTY MEDICAL EXAMINER Camden AVE Salisbury Md Address (Street, city, town, or county)

[22c. NAME OF CEMETERY OR CREMATORY | 22d, LOCATION (C 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Burial Parsons Cemeterv P40 0 Salisbury. Maryland 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DASEP 2 6 '60 HOLLOWAY & Orthur S. Kraus SM 7/59 COMPANY SALISBURY MARYLAND 2082285XV4

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10838

-	100.1.1	GEIKI III G	12 01 027		
	PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	nere deceased lived. If institution, Res Land b. COUNTY W 1 (idence before admission)
	b. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town) Trultland	c. LENGTH OF STAY IN 16	Fruitlas	outside corporote limits, write RURAL ond.	and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of Markey Street et al.	address)	d. STREET ADDRESS R. D. 1.	Salisbury, Md.	e. IS RESIDENCE. ON A FARM?X YES NO
	3. NAME OF DECEASED (Type or print) Bertha	Middle Lillian	Ruark	4. DATE OF Sept. 6	• Pay Year 60
	s. sex Female 6. COLOR OR RACE WIDOWE	m or X	B. DATE OF BIRTH March 5,18		ths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind af work done 10b. during most of warking life, even if retired) HOUSE WIIE	At Home	Viconic		U.S.A.
)	John Wesley Owens		14. MOTHER'S MAIDEN N		
/	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)			rd Pruitt(Baug	hter)
	PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C	Premia Prterio E Frac CONTRIBUTING TO DEATH BUT	ecleros lused NOT RELATED TO THE TERMI	hald disease condition given in	ONSET AND DEATH Oday 5 ys. 4, 2 mBz PART 1(a) 19. WAS AUTOPSY PERFORMED?
)	US CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE			YES NO D
	Hour o.m. While	NJURY OCCURRED 20e. PL Not while k at work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	.) Lot. (City or fown)	(County) (Stote)
		4_19.60, and that	M.D. ATTENDING MI PHYS. DI	M, from the couses and an end on the couses and an end on the couses and an end on the couses are the couses and an end on the couses and an end of the couses are the couses and an end of the couses are the couses and an end of the couses are the couses and an end of the couses are the couse are the c	the date stated above. 22b.DATE SIGNED
	236. BURIAL, CREMATION, 23b. DATE THEREOF Sept. 9.60		m.	Dagsboro, Del	.aware.
	24. FUNERAL DIRECTOR'S SIGNATURE Holloway & Co. Sa:	lisbury, Mar	han free	D BY REGISTRAR 25b. REGISTRAR'	

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TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marylar	here deceased lived. If institution b. COUNTY	on: Residence before admission) Ince George's			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside carporate limits, write R	URAL and give nearest town)			
Salisbury	2038 days	College	e Park	1669			
d. NAME OF HOSPITAL (If nat in hospital, give stre	et address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
DEER'S HEAD STATE HO	SPITAL	1708 In	ndian Lene	YES NO			
3. NAME OF DECEASED First	Middle	Last	4. DATE Mon	ith Day Year			
(Type or print) Jessie	e Emma	Sheehan	OF DEATH 9	23 1960			
	BRIED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.			
F W WIDO	WES ET BY STORED	6-26-94	66 yrs.	Manths Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10	6. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTRY?			
during most of working life, even if retired)		0	min P	U.S. A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME				
Willand Bank		Emm	a Crosle	(1			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. H	NFORMANT	Add	193 1 8			
	004-22-9462	amelia C.F	Boyle Tool	ear PK and			
1B. CAUSE OF DEATH [Enter only one cause per	line far (a), (b), and (c).]		. 0	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	Subtotal occlus	sion of left of	coronary artery	ONSET AND DEATH			
DUE TO							
Canditions, if any, which) (b)							
gove rise to immediate DUE TO							
lying couse lost. (c)							
PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
Diabetes Mell	itus and Adenoc	arcinoma of	colon.	YES NO			
	ESCRIBE HOW INJURY OCCURRE						
	. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Hame, fare	n, 20f. (City or town)	(Caunty) (State)			
20c. TIME OF INJURY Manth, Doy, Year 20d Wh. p. m. 19 of v	ile Not while fo	ctory, street, office bldg., etc	-)				
		2/24 19	55. to 9/2	23, 19 60, that (I) (we) last			
21. I certify that (I) (this hospital) atte	22 (2						
saw the deceased alive on 2/20. SIGNATURE	and that	death accurred at		nd an the date stated above. 22b.DATE			
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 20 9-23-60							
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS De	eer's Head Stat	te Hospital			
(1)	L. V. Maldve,	M. D. S.	alisbury, Md.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	or county) (State)			
Bureal 9-26-60	Hort Line	in Cometing	Dadersbi	ing many land			
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	11011/10-11		STRAR'S SIGNATURE			
W.W. Charnaers & C.	The well of!	DATE S	EP 28'60 C	Lithur S. Frank			

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		prest Calif		
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		water was	22,100,100	

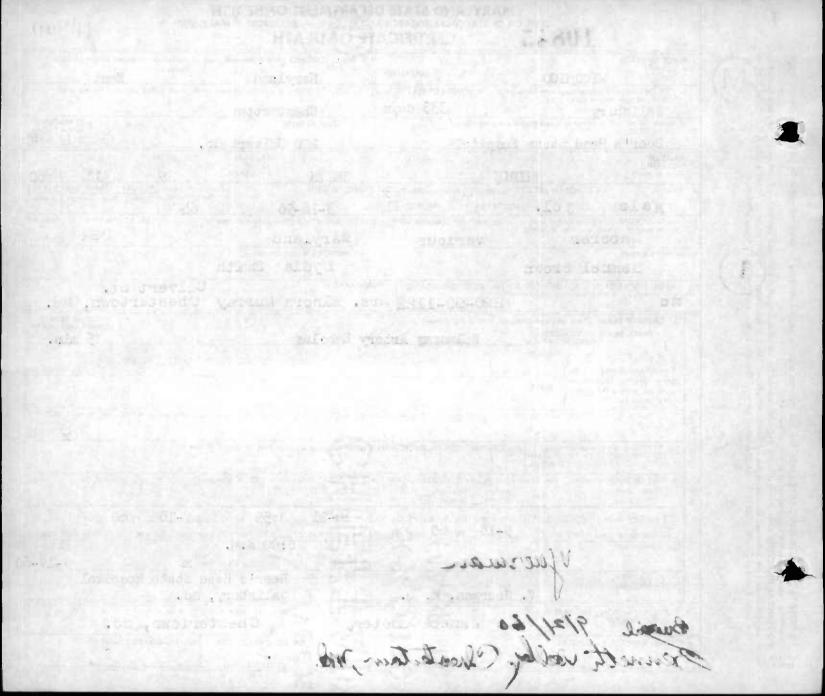
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within .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10840

1. PLACE OF DEATH o. COUNTY	WTCOMTCO		MARYLAND	2. USUAL RESIDENCE (V g. STATE Marvl	A 100 100 100 100 100 100 100 100 100 10	b. COUNTY	n: Residence b	efore admi	ission)
h CITY OR TOWN I	If outside corporate limit	s. write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	A	limits, write RL	IRAL and give	nearest lov	wn)
RURAL and give n	neorest town)		333 days		ertown				Tita I
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, g			d. STREET ADDRESS		14	137	ON	A FARM?
Deer's	Head State	Hosp	oital	200 0	alvert S	t.		163] 140 [[]
3. NAME OF DECEASED (Type or print)	Fire		Middle	SMTTH	4. DATE OF DEATH	Mont	h	Day	Yeor 19 60
		DIE		B. DATE OF BIRTH		7	IF UNDER 1 Y	EAR IF UNI	
s. sex	-	WIDOW	- The season of	3-16-96		lost birthday) 611 yrs.	Months Da		
10a. USUAL OCCUPATI	ON (Give kind of work of	ione 10b.	KIND OF BUSINESS OR INDU				12. CITIZEN	OF WHAT	COUNTRY?
during mast af wor	rking`life, even if retired) OPEP		various	Marylan	-	1 - M	Ţ	JSA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
San	uel Brown			Lydia	Smith				
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Calth	rt St.		
(Yes, no, or unknown)	(If yes, give war or dates of se	ervice)	20-09-1122 M	rs. Elnora	Murray		terto		Md.
		F- 6		101 221010		- 2.702		INTERVAL	
	ATH [Enter anly one ca	use per li						ONSET AN	
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmonay Ante	ry Embolus				_5 md	in.
465	DUE TO								
Conditions, if	any, which)	,							
gove rise to	immediate	,			THE STATE OF			Co Gran	
cause (a), stating	the under-						45.00		
			CONTRIBUTING TO DEATH BUT	T NOT BELATED TO THE TER	MINIAL DISEASE C	ONDITION GIV	EN IN PART 1/	1 19 WA	S AUTOPSY
OLI PARI II. OI	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	THOT KELATED TO THE TEK	MINAL DISEASE C	ONDITION ON	EN IN TOKE I	PERF YES	FORMED?
OR CONTRIBUTING	AS UNDERLYING DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury i	n Part I or Part II	af item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	IRY Manth, Day, Ye	ar 20d. I		ACE OF INJURY (Home, fo		tawn)	(Cou	nty)	(Stote)
Hour o.m.	10	While	INDI WATIE	ctory, street, office bldg.,	etc.)				
			rk ot work		<u> </u>	0	1.		
21. I certify th	at (I) (this haspital) atten	ded the deceased fram.						
saw the deced	ased alive an	9-1	LO 19 60, and that	death accurred at	M, fram th	e causes an	d an the d	ate state	ed abave.
220. SIGNATURE	14.0			0:	oo a.m.			2	22b. DATE
	VILLE	MU	lan	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.		(9-19-6
22c. PHYSICIAN'S				22d. ADDRESS	eer's He	ad Stat	e Hosp	ital	
NAME (Type)	Vv	. Jue	erman, M. D.		alisbury				
230. BURIAL, CREMATI		20	Janes Ceme			tertown			tate)
24 FUNERAL DIRECTO	R'S, SIGNATURE	4- (ADDRESS LAC	2So. RE	C'D BY REGISTRA		STRAR'S SIGN		
- Frank	4000	-	Maria aleri	3	Eb 31 .ph	(), (ing J. The		



Sharptown .M. INTERVAL BETWEEN ONSET AND DEATH

- 4	13	0	1	40
9	13	8	4	1
.1.	13	U	-	.M.

		Tasee.		CERT	IFICA	ATE OF DEAT	Н		Reg. Dist.	No.	
	PLACE OF DEATH D. COUNTY Wi	comico		MAR	YLAND	2. USUAL RESIDENCE (Where decease	d lived. If institution b. COUNTY	Wicom		sion)
1		(If outside carporate lim	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (prate limits, write R			n)
	Sharnto	wn		life			cotowr	1			
1	d. NAME OF HOSP OR INSTITUTION			address)		d. STREET ADDRESS	& Scho	ol St.		ON	SIDENCE A FARM? NO *
3.	NAME OF		rst	Middl	e	Lost	4. DATE	Man	th	Day	Year
	DECEASED (Type or print)	HARTI	EY	A T.PHO	NSO	SPEAR	OF DEATH	Ser	ot. 30		19 60
S. 5	SEX	6. COLOR OR RACE	7. MARR	RIED EN NEVER MARE	RIED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 Y		1
	male	white	WIDOWI	ED DIVORC	ED 🔲	Jan. 23.	1893	67 yrs.	Manths Da	ys Haurs	Min.
100		ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Sic	ite ar fareign c	auntry)	12. CITIZE	N OF WHA	T COUNTRY?
		al fishe			6-10	Marv			U	. S.	450.0
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Joseph	W. Spear	~			Alpha A	. McWi	lliams			
		ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY N	0. 17. 1	NFORMANT		Add	ress		
"	, no, or onknown,	In yes, give war or odies or	2	19-03-40	09	Mr. Jo	senh W	. Snear	ce s	harp	town.
1B. CAUSE OF DEATH [Enter anly ane couse per line for (o), (b), and (c).]										INTERVAL BETWEEN	
PART 1. DEATH WAS CAUSED BY: pronary Qcellisin											TO DEATH
	420	DUE TO		(./	-	-	7584	,			
	Conditions, if	any, which)	w ar	teren S	ca	eases				5 W-	5-827
	gave rise to couse (o), stating		0								
	lying cause lost		c)				100				
CATION	PART II. O	THER SIGNIFICANT CON	NDITIONS (CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?
CERTIFIC	20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter nature of injury	in Port I or Par	rt 11 of item 18.)			
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.	10	ear 20d. I While of wor		20e. PL fa	ACE OF INJURY (Home, fo ctary, street, affice bldg.,	erm, 20f. (City	y or tawn)	(Cau	nty)	(State)
	21. I certify/	hat I attended the	deceas	ed from	elev	, 1954, to_	LATT	30 19/00	that I las	t saw the	decease
	alive on_	1+30	196	11		occurred at 4					
10		41-1-1	12.1			1		itreet, city ar tawn,			ATE SIGNED
	ACTUAL	15/100	2110	e den-	-	M.D. KIN	242/2	Tom We		16	11 60
	PHYSICIAN'S NAME (Type)	Dr. N	TA 250		lmar	1	Sharr	etown.	lld .		
220	BURIAL, CREMATI	ON, 22b. DATE THERE	OF	22c. NAME OF CE	METERY C	R CREMATORY		TION (City, tawn,	ar county)	(Sta	ite)
	Burial	" Oct.2.	1960	Tavlo	ris	Cemetery	SI	arntown) Nier	•	
23.	FUNERAL DIRECTO			ADDRESS	~ ~		C'D BY REGIS		STRAR'S SIGN	ATURE	
	Smith :	Funeral		Sharpt	OWN			700	71 - 0	11	

death. Page 46

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYIAND STATE DEPARTMENT OF HEALTH-EALTHOUGH, I

Section 1997 And 1998	CERTIFICATE OF DEATH		
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TO THE PROPERTY OF THE PROPERT			
The state of the s		A SHALL SHE THERE IS NOT WANTED AND ADDRESS.	
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITAL

VR A1S (4) 15M 9/59

death. Page 4

	DL.	r.n.
BURIAL, CREMATION, BELLY 18 (Specify)	23b. DATE Sept	
ELINIEDAL DIDECTORIS S	ICAIATURE	

ury Maryland 25b. REGISTRAR'S SIGNATURE

ADDRESS Holloway & Co. Salisbury, Maryland.

2So. REC'D BY REGISTRAR DATE SEP 1 3 '60

C. return S. House

PLACE OF DEATH o. COUNTY Wicamica	MARYLAND 2. USUAL I	RESIDENCE (Where deceased Maryland	b. COUNTY WICOMIC	
b. CITY OR TOWN (If outside corporate limits, write c. LEN		OR TOWN (If outside corpore	ote limits, write RURAL and g	ive nearest town)
RURAL ond give nearest town)	1125	Salisbury		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		ET ADDRESS		e. IS RESIDENCE
Peninsula General H	lespital 502	. Washington	Street,	YES NO
NAME OF DECEASED (Type or print) Joseph Howard Tag	ylor /a	Lost OF DEATH	September	Day Yeor 6 19 6
. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B. DATE OF	BIRTH	A A A A A A A A A A A A A A A A A A A	YEAR IF UNDER 24 HRS.
male White WIDOWED	DIVORCED Dec.	7. 1902.	57 yrs. Months	Doys Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KIND C	F BUSINESS OR INDUSTRY 11. BIR	THPLACE (State or foreign co-	untry) 12. CITI	ZEN OF WHAT COUNTRY?
	mber Company	Wilmingto	n, Del. U	.S.A.
3. FATHER'S NAME	14. MOTH	IER'S MAIDEN NAME		
Joseph Taylor	L, L	ydia Lank		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yestarpo_or unknown) [(If yes, give wor or dates of service)]	SECURITY NO. 17. INFORMANT	Mrs. Grace	Tavlottet Wif	(e)
Yes no or unknown) (If yes, give war or dates of service)			St. Salisbu	
18. CAUSE OF DEATH Enter only one couse per line for (c				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	name Ocele	Leiner		ONSET AND DEATH
IMMEDIATE CAUSE (o) DUE TO	, way a recu	NAGE .		yave
Conditions, if ony, which) (b)				C
gove rise to immediate				
couse (o), stoting the <u>under-</u> lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	DITING TO DEATH BUT NOT BELATE	D TO THE TERMINAL DISEASE	CONDITION CIVEN IN PAR	TION TO WAS ALITOPSY
TAN II. OTHER SIGNIFICANT CONDITIONS CONTRI	SOUND TO DEATH BUT NOT KEENTE	D TO THE TERMINAL DISEASE	CONDITION GIVEN IN PAK	PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED. (Enter note	ere of injury in Port I or Port	II of item 18.)	
	OCCURRED 20e. PLACE OF INJU foctory, street, of work	JRY (Home, form, office bldg., etc.)	or town) (C	County) (Stote)
	1 2/20	20/ 4:	9/1 /1 = 10	11 1 11 1 1 1 1
21. I certify that (I) (this haspital) attended the	,	196 A.ta		, that (I) (we) last
saw the deceased alive an 7/1/1/201	9 and that death accu	rred at 1 1 1 M, fram t	the causes and an the	date stated above.
F.R. Aramso	M.D. ATTEN	IDING MED.	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S		DDRESS		
NAME (Type) U Dr. F.R. Grams	se S	. Div. St.	Salisbury.	Maryland
	NAME OF CEMETERY OR CREMATOR	RY 23d. LOCAT	ION (City, town, or county)	(Stote)
BISMOYAL (Specify) Sent 0 60 I	Pansons Cam	5-7	4 -1 3/	2 2

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VS A1S (4) 15M 9/55

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10867

CERTIFICATE OF DEATH

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2.000				keg. Dist. 140.			
1. PLACE OF DEATH WICOMICO	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY	tion: Residence before admission) 1 COM1 CO			
b. CITY OR TOWN (If outside corporate limits, write conditions pearest town) RUPAL (Mardela	50 years	c. CITY OR TOWN (IF o	OWN (If outside corporate limits, write RURAL and give nearest town) Lral mardela				
d. NAME OF HOSPITAL (If not in hospitol, give street od OR INSTITUTION Mardela	dress)	d. STREET ADDRESS Rural	Mardela	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) Katie	Middle Ellen	Taylor	4. DATE Mo OF DEATH Sept	Day Year 5 1960			
5. SEX 6. COLOR OR RACE 7. MARRIEI White WIDOWED	7	June 30,	9. AGE (In yeors last birthdoy) 86 yrs	Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	nd of Business or Indu None	Md.		U.S.			
13. FATHER'S NAME George Washington Gi	illis	Margaret	Horseman				
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SC [Yes. no. or unknown] [If yes, give wor or dates of service]		Mrs. Harry		. Mardela. Md.			
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. Conditions, if ony, which (b) DUE TO Lying couse last.			A Desensi				
PART II. OTHER SIGNIFICANT CONDITIONS CO	South But	NOT RELATED TO THE TERMI	nal disease condition gi	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II of item 18.)				
ZOc. TIME OF INJURY Month, Doy, Year 20d. INJ Hour o. m. p. m. 19 While of work [Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (State)			
ACTUAL SIGNATURE CONT. TO THE SIGNATURE PHYSICIAN'S E.M. LAR	and that death	м.D	2M, from the causes ADDRESS (Street, city or town B Graner FA Pelman	Def 9/4/65			
Burial Sept 8-60	22c. NAME OF CEMETERY OF FIREMENS	R CREMATORY	22d. LOCATION (City, town, Sharpto				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. REG	SISTRAR'S SIGNATURE			

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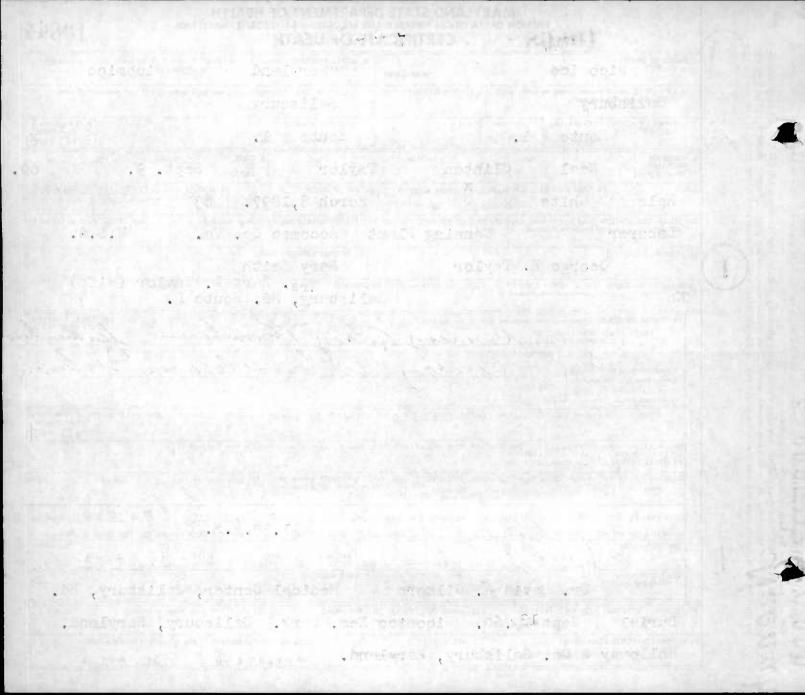
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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10844

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1	DELACE OF DEATH. a. COUNTY WICOMICO MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATEVIA TYLAND b. COUNTWICOMICO
	b. CITY OR TOWN (If autside carporate limits, write RURL of the property town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) Salisbury
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Route # 1.	distreet address Route # 1. e. is residence on a farm? yes \(\text{No } \text{T}
3	NAME OF DECEASED (Type or print) Neal First Clinton Middle	Taylor 4. Date Of Death Sept. 9. Day Year 60
	S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	March 8, 1897. March Byrs. Months Days Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done drips not provided in the control of	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	George H. Taylor	14. MOTHER'S MAIDEN NAME Mary Smith
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give wor or dates of service)	Salisbury, Md. Route L.
	PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise la immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PROPERTY
-	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COURSE OF DEATH OF CONTRIBUTING COURSE OF DEATH OF COURSE OF DEATH OF COURSE OF DEATH OF COURSE OF DEATH OF COURSE OF COU	CURRED. (Enter nature of injury in Part I or Part II of item 18.) De. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) (Caunty) (State)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20 While Nat while at wark at wark	factory, street, affice bldg., elc.)
	21. I certify that (I) (this haspital) attended the deceased free saw the deceased alive and 19 4 and the 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. David A. Gilmore	hat death accurred at 1 M. from the causes and an the date stated abave. ALTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNED 22cd. ADDRESS
100	230. BURIAL, CREMATION, 23b. DATE THEREOF Sept 10. 60 Wicomi	ERY OR CREMATORY CO Nem. Park. 23d. LOCATION (City, town, or county) (State) Salisbury, Maryland.
2	Holloway & Co. Salisbury, Mar	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10845

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Monues b. CITY OR TOWN (If outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL d. STREET ADDRESS OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Mt Hermon Hermon YES NO NO NAME OF DATE Middle Day Month Yeor DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IFUNDER TYPAR IF UNDER 24 HRS. last birthday Davi WIDOWED TX DIVORCED [yrs. 10c. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SA Work at None Parsonsburg, Maryland House Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Asbury Perdue Nancy Bailey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? ster Shockley (Daughter) R. Dermon Rd Barsonsburg, Mary 16. SOCIAL SECURITY NO. No Maryland 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH uncteas PART I. DEATH WAS CAUSED BY: They IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES | NO DE 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. N7A of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy , DA Inspection Inquiry , ond find that deoth resulted from: Natural causes Accident | Suicide . Homicide . Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type) DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 28/60 Parsonsburg Cemetery Parsonsburg, Mar 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SALISBURY MARYLAND

DATE SEP 2 7 '60

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDO 184 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed lived. If institution: Rasidence before edmission) a. COUNTY b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate fimits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Pen Gen Hospital YES TKNO ! State 4. DATE 3. NAME OF Middla Month DECEASED the (Type or print) DEATH LORTE MARTE TOADVINE SEPT 19 with Give Pages 1, 2, and 3 to promise the pages 1 and 2 with years within 72 hours aftern withi 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED LNEVER MARRIED last birthday) Months Female WIDOWED should be executed within 24 hours after g" in pencil in Item 18. Give Pages 1, 2, a 's Office along with form PM3. Page 5 a burial-transit permit. File pages 1 and 2 emoval, and in any event within 72 hours. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salisbury, Maryland None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore Albert Toadvine Charlotte Laird 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Theodore A, Toadvine (Father) R.D.#

None Salisbury, Maryland Interval Between 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give wer or detes of service No 18. CAUSE OF DEATH |Enter only one cause par line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Interstitial puenmonitis IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) certificate shourd "red "pending" i gave rise to immadiata causa DEPUT MEDICAL EXAGENEES.

lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's 'PUNERAL DIRECTOR: Page 3 should be used as a r its designated agent, prior to burial, cremation, or ren DUE TO (e), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? K NO [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Pert I or Pert II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, ' Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X Inquiry and in my opinion Suicide Undetermined manner death resulted from: Natural causes V. Agcident | Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Philip A. Insley -Main St. Salishury, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 ò Burial Parsons Cemetery Salisbury, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
SEP 2 0'60 Circling & France 23. FUNERAL DIRECTOR VS. A15ME arthur S. Firmes HOLLOWAY SALISBURY MARYLAND DATE 5M 7/59

RYADERO THEATHAGED STATE OHALES AN CALLEGE BY THE RESIDENCE OF THE PARTY OF THE HEALT HOLDERS HITCHES & SOURCE AND MARKET LAND. 12 13 In back, A . decilorate Pine Library Northwest Desired Town and the manufacture of the manufacture of Entrue de la recorda de la Recorda de la Callanda d

director. Page or your files. Board 0 retained ould be executed within 24 hours after death. If any death, in pencil in Item 18. Give Pages 1, 2, and 3 to the funel Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State .5 pue removal, "pending" ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burial, cremation, or rer MEDICAL DEPUT

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY D.C. Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) Washington Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 1503 Crittenden St. Peninsula General Hospital NAME OF Month DECEASED OF Voronoff 9-11-60 (Type or print) L. DEATH Fannie 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 72 birthday) WIDOWED [DIVORCED IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Russia Housewife 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zelda ---Joseph B. Spund 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or dates of service) 1503 Crittenden St., NW Jacob Voronoff No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Ruptured spleen DUE TO (b) geve rise to immediate ceuse DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION Auricular fibrillation. AL CAUSE WAS | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20e. EXHANAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Slipped in boat in Ocean 200d. INJURY (Home, farm, City and in boat in Ocean struck chest. 20c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While at work et work Boat Worcester 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Matural causes Suicide Homicide T Undetermined manner Accident to CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Earl L. Royer EXAMINER'S NAME (Type) Address (Street) sin Twings mid on Ave Salisbury, ORY 122d. Location (City, town, or country) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Ohev-Sholom-Talmud-Torah Cem. 9-13-60 Hillside, Maryland Q40 9 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME 3501 14th St., NW archus S. Kraus Rernard Danzansky & Sons DATESEP 1 4 '60 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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Day

USA

. IS RESIDENCE ON A FARM?

YES NO W

19

Hours

INTERVAL BETWEEN

ONSE AND DEATH

days.

PERFORMED?

and in my opinion

DATE SIGNED

9-11-60

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IF UNDER 24 HRS.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10848

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	1. PLACE OF DEATH D. COUNTY W	icomico		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico					
	RURAL ond give r	(If outside corporate limit nearest town) alisbury	s, write c. LENGTH C	OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Salisbury					
9	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pen Gen Hospital				d. STREET AC	R.D.# 3	(Ocea	n City	e. IS RESIDENCE ON A FARM? YES NO A	
	3. NAME OF DECEASED (Type or print)	MELV]		Middle JL	WALKER	4. DA OF DEA		Month PTEMBER	Day Year 15 19 60	
	5. SEX Male		7. MARRIED NEVER		8. DATE OF BIRTH Sept.15	1:15An ,1960	9. AGE (le lost bir	44 1 4 1 4	Poys Hours Min.	
	None	ION (Give kind of work d rking life, even if retired)	lone 10b. KIND OF BUS		Salis	bury (Ha			ZEN OF WHAT COUNTRY? USA	
	3. FATHER'S NAME				14. MOTHER'S		**			
		ER IN U. S. ARMED FORCE (If yes, give wor or dates of se	CES? 16. SOCIAL SECUR	RITY NO. WI	Melvin	ne Mae	lker(o Father) sburv.Ma		
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cartline Decomposition Cartline								INTERVAL SETWEEN ONSET AND DEATH	
	Conditions, if gove rise to couse (a), stating	immediate DUE TO	Hyal	مد	Mam	brace	Disa	Sao	20.hr	
2	VOLE PART II. OT	_ / (c)	DITIONS <u>CONTRIBUTING</u>	TO DEATH BUT	NOT RELATED TO	THE TERMINAL DIS	EASE CONDITI	ION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO	
	OR CONTRIBUTION	AS UNDERLYING AGENTH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF THE CA	20b. DESCRIBE HOW IN N/A	NJURY OCCURRE	D. (Enter noture of	injury in Port I or	Port II of item	18.)		
Á	20c. TIME OF INJU Haur o. m. p. m.	/ .	while Not while ot wark	e_ fo	ACE OF INJURY (Hotory, street, office	lome, form, 20f. bldg., etc.)	(City or tawn)	/A (0	County) (State	
	saw the deced	at (I) (this hospital	1		4/15 death occurred	O . COO.	a 9		, that (I) (we) las e date stated abave	
	22c. SIGNATURE 22c. PHYSICIAN'S	iom C. W	Jorgan		M.D. ATTENDING PHYS.	DIRECTOR	STAFF PHYS.	□ Sept.	22b. DATE SIGNED /1960	
	NAME (Type)	r.William	Morgan		Medic		er-Sa	lisbury	, Maryland	
	23a. BURIAL, CREMATI REMOVAL (Specifi DUTIAL	Sept.17		of CEMETERY C	Cemeter		alisb	, tawn, or county) ury Mar		
	24. FUNERAL DIRECTO		ADDRES		-	25a. REC'D 8Y RE		b. REGISTRAR'S SIG		
	HOLLOWAY		Z SALISE	BURY MA	RYLAND	DATE SEP 1	9 '60	Chillen &	Thank	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	- b COUN	ITV						
Wicomico	MARYLAND	Mai	ryland " con	Wic	omico					
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town)	ts, write c. LENGTH OF STAY IN 1b		utside corporate limits, write	e RURAL ond give	e nearest town)					
SALISBURY_		Se Se	alisbury							
d. NAME OF HOSPITAL (If not in hospital, g		d. STREET ADDRESS	illips St		e. IS RESIDENCE ON A FARM? YES TO NO					
PENINSULA GENERA			•		IE3 NO					
NAME OF DECEASED (Type or print) CALVIN		WELLS	4. DATE OF DEATH SEPTE	Month EMBER	Day Yeor 12 1960					
. sex Male 6. COLOR OR RACE	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 10,189	9. AGE (In year	ors IF UNDER 1 Y	EAR IF UNDER 24 HRS					
Oo. USUAL OCCUPATION (Give kind of work	done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	NOF WHAT COUNTRY					
Employee-laborer-C	construction wor			ta 0	O A					
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME										
Zadock Wells		Viola L	ewis							
1s. was deceased ever in u. s. armed forces? 16. social security no. 17 Informant izabeth Wells (Wife) Phillips Yes W.W.I										
18. CAUSE OF DEATH [Enter only one co	ouse paraline for (o), (b), and (c).1		*		INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	(As man)	trombas's		100	ONSET AND DEATH					
IMMEDIATE CAUSE (b)										
Conditions, if ony, which) (b) Lypertenine Cardio Vas cular Diseas 3 yrs										
gove rise to immediate										
lying couse lost.	Ceval las	ren			1 Cha					
10	DITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO					
U 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER!										
20c. TIME OF INJURY Month, Doy, Ye	or 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form,	20f. (City or town)	(Cou	inty) (Stote					
Hour o. m. N/A 19		octory, street, office bldg., etc.			Maria Santa					
21. I certify that (I) (this haspital) attended the deceased from.	Lune 19	5910 Jept 1	1 1960	that (1) (Se) las					
saw the deceased alive on		death occurred at 63	M, from the couses	and an the d	late stated above					
220. SIGNATURE	7				20L DATE					
D- rank	Jegant		D. STAFF	Sept.1	13,1960 SIGNE					
Dr. B. Frank	Giganti	Woodland	Rd. Salis	bu ry, Ma	aryland					
230. BURIAL, CREMATION, 23b. DATE THEREC REMOVAL (Specify) Sept. 15		or crematory Cemetery	23d. LOCATION (City, fow Salisbur		Land (Stote)					
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'I	D BY REGISTRAR 25b. RE	EGISTRAR'S SIGN	ATURE					
HOILOWAY & COMPAN	Y SALISBURY MA		ED 1 E 100							

may be revolved by the haspital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremotion, ar remavol, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

death. Page 4

VR A15 (4) 1SM 9/59

TO HOSPITAL

Fig. 15 and the control of the contr and the Silver Line and a labor of the contract and the second control of the second control The title the control of the control

er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1	PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY						
-	b. CITY OR TOWN RURAL ond give	(If outside corporate limits, v		c. CITY OR/OWN (If outside corporate limits, write RURAL and give nearest town)						
1	0 ,	bur 4		Sahisi	burg	100				
		ITAL (If not in haspital, give	street address)	d. STREET ADD	RESS	-1	e. IS RESIDENCE			
10	2 7 IN SI	. 1 11	erab	1412 8	nsier ST	-	ON A FARM?			
1 3		First	Middle	Last	4. DATE	Month	Day Year			
	DECEASED (Type or print)	WAKEMAN	WINDSOR	Uhaylo	OF DEATH	eptemb	er 29 1960			
5	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AC		DER 1 YEAR IF UNDER 24 HRS.			
-	male.	White WI	DOWED DIVORCED 🔀	Feb. 28.	1903	57 yrs. Mant	hs Doys Hours Min.			
10	a. USUAL OCCUPAT	ION (Give kind of work done	10b. KIND OF BUSINESS OR INDE) 12.	CITIZEN OF WHAT COUNTRY?			
	Retired	rking life, even if refired) Auto Mecha	nio	RD 4	F Soldahum	- Ma	IT C A			
1	3. FATHER'S NAME	rado nacha	TITO	14. MOTHER'S M		FILL	UDA			
Theodore Wesley Whayland Martha Letetia Bailey										
-										
	Yes, no, or unknown)	(If yes, give war or dates of service	? 16. SOCIAL SECURITY NO.	r.Charles	T.Whaylar	nd (Son) H	ebron, Maryla			
=	18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).]									
L	PART I. DEATH WAS CAUSED BY:									
L	IMMEDIATE CAUSE (0) VILLYMIN OLL MIDILIPERS									
	DUE TO CO CO CO									
Conditions, if any, which) (b) Dreveleed asture.							410.			
	gove rise to cause (o), stating						U			
L	lying couse lost									
1 2	PART II. OT	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	HETERMINAL DISEASE CON	NDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY			
LEV		une.					PERFORMED?			
191	20a. ACCIDENT W	AS UNDERLYING 206	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of in	nivry in Part I ar Part II af	item 18.)				
CEDTICICATION		G CAUSE OF DEATH Y MEDICAL EXAMINER)	N/A							
MEDICAL	20c. TIME OF INJU	/-	6.	LACE OF INJURY (Ho octory, street, office b		wn)	(County) (State)			
100	Haur a.m.	1/1 (1)	While Not while	N/A	idg., erc.)	N/A				
1				No. II	28. 34	A and	40			
Г			ttended the deceased fram.		10 20		960, that (1) (we) last			
ı		ased alive an 30 ce	1965, and that	death accurred	at L. M. from the	causes and an	the date stated above.			
ı	220. SIGNATURE	1-00-	0	ATTENDING	MED ST	AFF C	22b. DATE SIGNED			
L	Hoser	W. 4.2 For	and .	M.D. PHYS.		AFF Sep	t 29,1960			
L	220 PHYSICIAN'S NAME (Type)			22d. ADDRESS						
	Dr.	Joseph C.F	itzgerald	70) amile	u aven	we Salisbury			
2	3a. BURIAL, CREMATI		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town, or coun	ity) (State)			
	REMOVAL (Specify	0ct.1m19	60 Wicomico I	Memorial	Park Sali	sbury.M	arvland			
2	4. FUNERAL DIRECTO		ADDRESS			25b. REGISTRAR'S	SIGNATURE			
M.	HOLLOWAY	& COMPANY		RYTAND	SEP 3 0 '60		2 S. Firens			
L				A-4-2-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	WIF.					

TO HOSPITAL VR A15 (4) 15M 9/59

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATL

CERTI	FICAT	E OF I	DEATH

-	()	8	5	4
- 4			-	=

1. PLACE	OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY					
	WICDMICO	MARYL	AND	maryland Jomersot					
	Y OR TOWN (If outside corporate I A), and give nearest town)	limits, write c. LENGTH OF STAY I	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	La 415 1 121	14	Princes Anna 19x						
d. NA	ME OF HOSPITAL (If not in haspital	al, give street address)		d. STREET ADDRESS e. IS RESIDENCE					
PEZ	INSTITUTION HE	emeral Haspi	til	RONTS BOX 63 VES NO					
3. NAME DECEA	OF	First Middle	- 11	Last 4. DATE Month Day Year					
(Туре	or print) Willie			While DEATH Neptenchier 13 1960					
S. SEX	6. COLOR OR RAC	CE 7. MARRIED NEVER MARRIE	D D B	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.					
mo	the Cohora	WIDOWED DIVORCED		II/8/I88 6 73 yrs.					
10a. USU durir	AL OCCUPATION (Give kind of wo ng most of working life, even if retir	ork dane 10b. KIND OF BUSINESS OR	S INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Cook	Hotel		Maryland USA.					
3. FATHE	R'S NAME		343	14. MOTHER'S MAIDEN NAME					
) S	amuel White			Fannie Milbourne					
	DECEASED EVER IN U. S. ARMED F	FORCES? 16. SOCIAL SECURITY NO.	17 IN	IFORMANT Address					
(Yes, no, or			-						
			T.7.0	ary L.Allen. Princes Anne, Maryland					
1B. (The first and th	e cause per line far (a), (b), and (c).	1	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	E(a) Cerebra	d	Vascular accedent 9-4-60					
1 1	DUE	то							
Co	Conditions, if any, which) (b) Control Herricana (C) Angers 3um.								
gav	re rise to immediate (10	Jus	The property of					
	se (a), stating the <u>under-</u>	P	.0	9/-//00					
		CONDITIONS CONTRIBUTING TO DEA	TH DUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
일	TANTII. OTTEK SIGITIFICATTI CI	CONTRIBUTING TO DEA	In buil	PERFORMED?					
5				YES NO					
□ OR C	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT	TH	CURRED	D. (Enter noture of injury in Part I or Part II of item 18.)					
1	THER, NOTIFY MEDICAL EXAMINE								
WEDICAL	TIME OF INJURY Month, Doy, Haur o. m.			ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
WEG	p. m. 1	While Not while at wark of work		, , , , , , , , , , , , , , , , , , , ,					
21	cartify that (1) (this basni	ital) attended the deceased f	fram	9.4, 1960, to 9-13, 1960, that (1) (we) last					
	the deceased alive an	A							
	SIGNATURE	-1-1-1-1-196V., and	that de	leath occurred at 5.25 Writing the causes and an the date stated above.					
1	11/my	201		ATTENDING MED STAFF					
220	PHYSICIAN'S) Drupe	٨	M.D. PHYS. DIRECTOR PHYS. PHYS. 9/13/60					
	NAME (Type)			22d. ADDRESS					
	AL, CREMATION, 23b. DATE THE	REOF 23c. NAME OF CEME	TERY OF	R CREMATORY 23d. LOCATION (City, town, or county) (State)					
Bur	OVAL (Specify) 9/18/6	60 John Wes	sley	v Deal Island					
	RAL DIRECTOR'S SIGNATURE	ADDRESS		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE					
		To Don't		0.000					
Wl	LITAM H.James	Jr Princess Ar	nne-	Md DATE SEP 20'60 arily of Kraus					

TUBBEL CERTIFICATE OF CRAFF AND THE PARTY OF T

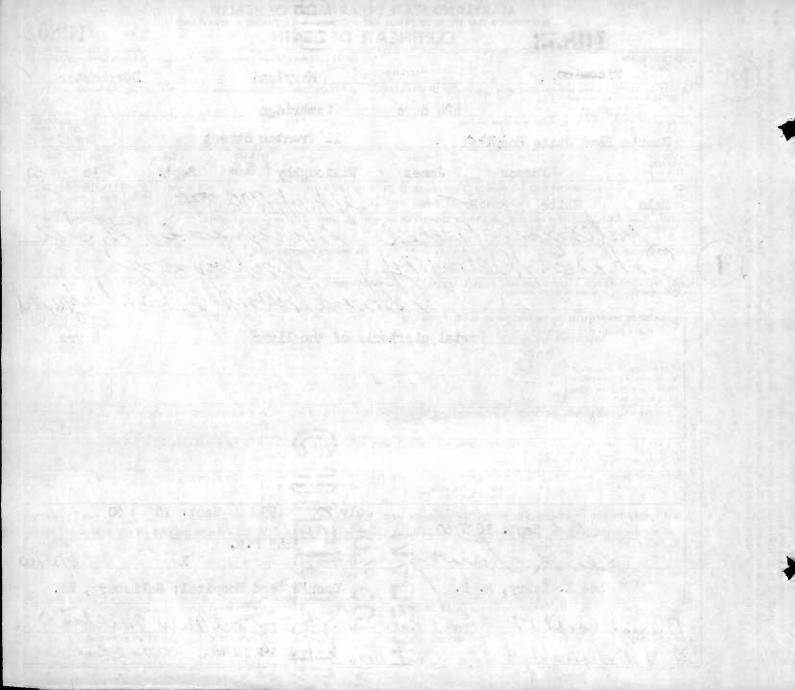
CERTIFICATE OF DEATH

T	1. PLACE OF DEATH				2. USUAL RESIDENCE (V	Vhere deceased live		n: Residence befo	ore admission)
	o. COUNTY Wi	comico		MARYLAND	o. STATE Maryl	and	b. COUNTY	Dorche	ster
	b. CITY OR TOWN (If RURAL and give ne	autside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RU	RAL ond give ne	arest town)
	Salis		1 100	424 days	Cambrid	lge		0913	· of
	d. NAME OF HOSPITA	AL (If nat in hospitol, g	ive street	oddress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		lead State	Hospi	tal	11 Trent	on Stree	t		YES NO
	3. NAME OF DECEASED	Fi	st	Middle	Last	4. DATE OF	Month	Do	y Year
	(Type or print)		mas	James	Willoughby	DEATH	Sept.		L6 19 60
	S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. A			IF UNDER 24 HRS.
	Male	White	WIDOW	DIVORCED [Spr. 14	18168	yrs.	Manths Days	Hours Min.
	during most of work	N. Give kind of work ing life; even if retired	done 10b.	KIND OF BUSINESS OR INC	USTRY IV. BIRTHPLACE (STO)	te or foreign calintr	nd	12. CITHZEN LO	WHAT COUNTRY?
1	13. FATHER'S NAME	n6.	The	elosighty	14. MOTHER'S MANDEN	MAME	on	N	
1	1S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.	INFORMANT THE	llought	Addre	ambi	edya My
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate)	ne for (o), (b), ond (c).} Portal cirrho	osis of the li	ver		ON	ERVAL BETWEEN SET AND DEATH
	PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum_{1} \text{NO} \sum_{2} \)							
	E 20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Part I or Part II o	of item 18.)		
	Y 20c. TIME OF INJURY Hour a. m., p. m.	Y Month, Doy, Ye	ar 20d. I While at war	Not while	PLACE OF INJURY (Home, fa factory, street, office bldg., e	etc.) 20f. (City or	town)	(County)	(State)
	21. I certify tho sow the deceas 220. SIGNATURE	21. I certify that (I) (this haspital) attended the deceased from July 20 159 to Sept. 16, 1960, that (I) (we) last sow the deceased give on Sept. 16 1960, and that death occurred atM, from the causes and on the date stated obave.							
	22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATIO		ry, l	M. D.	22d. ADDRESS Deer's I	Head Hosp	ital; S		/ (Stote)
	REMOVAL (Specify)	Sept 1	7	East New	- Market	Cast C'D BY REGISTRAR	new	Mar TRAR'S SIGNATU	bell Ille
	2131 m	00000	, 4	1 to to				ilma S. Kr	

may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be diffied with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. er death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL VR A15 (4) 15M 9/59



deoth. Poge 4 funeral director,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

		108.14	TA	CERTIF	ICAI	E OF DEA	JH			1113	T (1)	000
1.	PLACE OF DEATH o. COUNTY	icomico		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico						
	b. CITY OR TOWN (IF RURAL and give ne Salisbury		s, write c. LEN	34 day		c. CITY OR TOWN	sbury		its, write RL	JRAL and give	e nearest tav	n)
	d. NAME OF HOSPITA OR INSTITUTION Deer's H	AL (If not in hospitol, give ead State H	ve street oddress Hospital)		d. STREET ADDRE	55				ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	First MAF		Middle A •		YOUNG		DATE OF DEATH	Mont		Day 6	Year 19 60
5.	Female	7 77 * 1	7. MARRIED WIDOWED	NEVER MARRIE	- /	O-25-	188	7 0 9. AGE		Months Do		_
	FOUND most of work	N (Give kind of work doing life, everyif retired)	one 10b. KIND	of BUSINESS O	R INDUST	RY 11. BIRTHPLACE	(State or fo	greign country))	12.CITUZE	NOFWHAT	COUNTRY?
13.	FATHER'S NAME	m M.	In	5/ex	,	14. MOTHER'S MAIL	DEN NAME	17 6	I	en	tor	
	WAS DECEASED EVER	IN U. S. ARMED FORC		SECURITY (10	17. INF	m B J	In	5/ey	Addr	63%.	, D	
		nmediate (o), (b), and (c), enchopne		ia		- 1			INTERVAL BONSET ANI	
CERTIFICATION		Pyeloneph	ritis ·	- left	•			STATE OF		EN IN PART 1	PERF	AUTOPSY ORMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH	206. DESCRIBE H	OW INJURY O	CCURRED.	(Enter nature of inju	ry in Port	I or Port II of it	em IB.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	While N	occurred at white work	20e. PLA	CE OF INJURY (Home ory, street, office bldg	, form, 2	Of. (City or town	n)	(Cou	nty)	(Stote)
22	saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	L. V. Ma	ldve, M	9 60, and	that de	D. ATTENDING DEPTYS. 22d. ADDRESS Deer's	T A.N MED DIRECT	from the co	st. S.	alisbu	9/6/6	d abave. 2b. DATE SIGNED
230	BURIAL, CREMATION	N. 23b. DATE THEREOF	23c_1	NAME OF CEMI	ETERY OR	CREMATORY	23d	LOCATION (C	ity, town, o	r county)) (Sto	ite)

24. FUNERAL DIRECTOR'S SIGNATURE

Vol ADDRESS VL/VC

250. REC'D BY REGISTRAR
DATE SEP 9 '60

25b. REGISTRAR'S SIGNATURE arling S. Krava

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VR A1S (4) 15M 9/59

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